YALE MEDICAL COLLEGE
LIBRARY.
No.

TRANSFERRED TO
YALE MEDICAL LIBRARY

Geo. E. Palmer M.D.
from his Brother
Courtland Dec. 1849

HARTMANN'S

THEORY

OF

CHRONIC DISEASES

AND THEIR

HOMŒOPATHIC TREATMENT.

Geo E. Palmer M D.
Dec 1849

THIRD GERMAN EDITION,

REVISED AND CONSIDERABLY ENLARGED BY THE AUTHOR.

TRANSLATED, WITH ADDITIONS,

AND ADAPTED TO THE USE OF THE AMERICAN PROFESSION,

BY CHARLES J. HEMPEL, M. D.

VOL. III.

NEW-YORK:
WILLIAM RADDE, 322 BROADWAY,
PHILADELPHIA:—C. L. RADEMACHER, 239 ARCH-ST.
BOSTON:—OTIS CLAPP, 12 SCHOOL-ST.
ST. LOUIS:—FRANKSEN & WESSELHOEFT.
1849.

Entered, according to Act of Congress, in the year 1849, by
WILLIAM RADDE,
In the Clerk's Office of the District Court of the United States for the Southern District of New-York.

RX71
847H
3

H. Ludwig & Co., Printers,
70 *Vesey-st., N. Y.*

NOTICE TO THE READER.

The Organon referred to in this volume will be published in the course of the year.

The second and last volume of Hartmann's Chronic Diseases, being the fourth volume of the whole work, will appear very shortly.

H. EMPEL.

New-York, March, 1849.

TABLE OF CONTENTS

OF THE THIRD VOLUME.

	Page.
Introductory remarks to the chronic diseases,	1
Hahnemann's views of the nature of Chronic Diseases,	2–9

NINTH CLASS.

Chronic Cutaneous Eruptions, Impetigines,	9
Itch,	11
" different forms of,	13
" Treatment of,	14
" Herpetic form of	30
Crusta Serpiginosa,	18
Tinea Capitis, Scald Head,	23
Tinea Maligna	24
Crusta Lactea,	28
Ulcera Pedis,	33
Strophulus Confertus,	35
Eczema,	36
" varieties of,	36
Acne,	37
" varieties of,	37
" Punctata,	38
" Indurata,	39
" Rosacea,	39
Lichen Simplex,	40
Psoriasis,	41
Herpes,	43
" Phlyctænodes,	43
" Circinnatus,	44
" Præputialis,	45
Ecthyma, Rhypia,	46
Impetigo Figurata,	47
" Rodens,	48
Sycosis,	49
" Menti,	49
" Capillicii,	49

TENTH CLASS.

Scrophulosis,	51
Scrofulous Disposition,	51
Fully Developed Scrophulosis,	51
Remote Causes of "	52
Terminations of "	52
Treatment of "	53–61

PAGE.
Rhachitis, Rickets, ... 61
" Treatment of, ... 61–64
Tuberculosis, ... 64
" Etiology of 64
" Terminations of, ... 65
Pulmonary Tubercle, ... 66
" " Treatment of, ... 67–69
Menstrual and Puerperal Tubercles, ... 69
Tubercles from cold drink, ... 70
Exanthematic Tubercles, ... 71
Impetiginous Tubercles, ... 71
Arthritic Tubercles, ... 72
Hereditary Tubercles, ... 73
Tubercles in the Brain, ... 75–76
" " Spinal Marrow, ... 76
" " Liver, ... 77

ELEVENTH CLASS.

Phthisis, ... 78
" Physiological character of, ... 78
" Anatomical character of, ... 78
" Etiology of, ... 79
" Terminations of, ... 79
" Treatment of, ... 79
" Laryngeal and Tracheal, ... 79–82
" Rheumatic, ... 82
" Scrofulous, ... 82
" Hysteric, ... 82
" Pulmonary, ... 83
" " Stages of, ... 84–85
" " Physical Signs of, ... 85
" " Causes of, ... 86
" " Treatment of, ... 90–94
" Florida, Galloping, ... 87–89
Hemorrhage from the Lungs, ... 94
Sweat in Phthisis, ... 95
Colliquative Diarrhœa in Phthisis, ... 95
Aphthæ in Phthisis, ... 95
Bedsores in Phthisis, ... 95
Pædatrophia, Phthisis Meseraica, ... 96–101
Phthisis Hepatica, ... 101–103
Calculus Biliarius, ... 103

TWELFTH CLASS.

Colliquations, ... 105
Diabetes, ... 105
" Causes of, ... 106
" Treatment of, ... 106–108
Lienteria, ... 108
Ptyalism, ... 109
Ephidrosis, Sweating disease, ... 111
Galactorrhœa, ... 113
Leucorrhœa, ... 113

PAGE.

THIRTEENTH CLASS.

Congestions, ... 117
" of the Head, ... 118
" " Brain, ... 119
" " Lungs, ... 120
" " Abdomen, ... 121
" " Uterus, ... 123
Hæmorrhages, ... 123
" General Remarks on, ... 123–126
" of the Respiratory Organs, ... 127
Epistaxis, Bleeding of the Nose, ... 127
Hæmoptysis, Hæmorrhage from the Lungs, ... 130
Hæmorrhage of the Chylopoëtic System, ... 134
Hæmatemesis, Vomiting of Blood, ... 134
Hæmorrhage from the Urinary Organs, ... 139
Hæmaturia, Hæmorrhage from the Bladder 139
Hæmorrhage from the Urethra, Stymatosis, ... 143
Hæmorrhoids, Piles, ... 145–151
" of the Bladder, ... 151
Hæmorrhages from other Organs, Practical Observations on, 152–154
Hæmorrhagia Petechialis, ... 154
Menses, ... 155
" Dietetic Rules during, ... 155
" Retarded Appearance of first 157
" Suppression of, ... 159
Metrorrhagia, ... 160
Miscarriage, ... 164
Scanty Menses, ... 165
Morbid Phenomena occurring during the Menses. 166

FOURTEENTH CLASS.

Cancer, Carcinoma, ... 167
" Varieties of, ... 168
" of Uterus, ... 169
" Morbid Phenomena which sometimes precede the development of, ... 170
" Incipient Stage of, ... 174
" Treatment of, ... 174–178
" Scirrhus of Mamma, ... 178–183
Falling off of the Hair, ... 171
Prolapsus of the Vagina and Uterus, ... 171
Sterility, ... 171
Cauliflower, or Strawberry-shaped Excrescence of the Ostincæ, . 172
Phagedenic Ulcer of the Uterus, ... 172
Swellings in the Mammæ, ... 180

FIFTEENTH CLASS.

Dropsy, ... 183
" General Remarks on, ... 183
" Anatomical Character of, ... 184
" Etiology of, ... 185
" Causes of, ... 185
" Terminations of, ... 185
" Prognosis of, ... 186

PAGE.
Dropsy, Treatment of, ... 186–189
" of the Respiratory Organs, Hydrothorax, . . . 190–194
Œdema of the Lungs, ... 194
Dropsy of the Lungs, ... 194
Dropsy of the Pericardium, ... 195
Ascites, Dropsy of the Abdomen, ... 196
Anasarca, Dropsy of the skin, ... 199
Hydrometra, Dropsy of the Uterus, ... 200
Prolapsus of the Vagina, ... 200
" Uterus, ... 201
Pressing Pains in the Internal Sexual Parts, ... 201
Sore Pains in the Vagina, ... 201
Burning and Itching of the Sexual Organs, ... 201
Meteorism of the Uterus, ... 201
Emphysematous Swelling of the Labia, ... 201
Dropsy of the Ovaries, ... 201

SIXTEENTH CLASS.

Hemiplegia (semi-paralysis) of the Heart, ... 203
Lipothymia, Syncope, Asphyxia, Fainting, Apparent Death, . 203
Syncope, varieties of, ... 205, 206
Asphyxia, Apparent Death, ... 206
" by Drowning, ... 208
" by Strangulation, Suspension, ... 210
" by Congelation, ... 212
" by Lightning, ... 213
" by the Vapour of Coal, ... 215
" by Mephitic Air, ... 216
" by Carbonic Acid Gas, ... 217
" by Neonatorum, ... 218
Appendix, ... 221
Diseases of New-born Infants, ... 221
Ankyloglossum, Tied Tongue, ... 221
Partial Swellings in consequence of heavy labour, ... 221
Cephalætoma, Bloody Tumour, ... 221
Swelling of the Breasts soon after birth, ... 222
Hiccough, ... 222
Constipation, ... 223
Screams of Infants without any perceptible cause, ... 223
Umbilical Hernia, ... 224
Inguinal " 224
Strangury, ... 224

INTRODUCTORY REMARKS

TO THE

CHRONIC DISEASES.

§ 1. Diseases have been arbitrarily divided into acute and chronic. We have adopted this division, not because we deem it of importance, but because we consider it as a suitable starting-point, and because we did not wish to depart from Hahnemann's own arrangement. It is well known, besides, that authors differ a good deal in regard to that division, and that every author prefers his own opinions on that subject to those of any other. Whatever classification an author may adopt, the physician will find himself obliged to study his work in order to become acquainted with the author's arrangement. The present work likewise requires to be studied. We trust that we shall be excused for having observed the common mode of dividing diseases; we have no particular reason to assign for such a division.

The division of diseases into acute and chronic is particularly interesting to the homœopathic physician, inasmuch as the magnitude and repetition of doses have a good deal to do with it. Acute diseases require larger doses and lower preparations than chronic. Higher preparations in chronic diseases need not to be repeated as frequently as in acute diseases. We have never had occasion to regret having followed Hahnemann's example in the treatment of chronic diseases. His eminent success in the treatment of this class of

diseases did not so much depend upon his antipsorics as upon the great care and caution with which he determined the magnitude and repetition of the dose.

Homœopathic physicians should avail themselves of the means which the recent improvements in physiology and pathology have furnished us, to establish a more correct diagnosis of the various diseases which physicians are called upon to treat. What a pity that the modern discoveries in those sciences have not led to any great practical results in the hands of allœopathic physicians! It may even be said that they have done mischief, inasmuch as they have completely demolished the tottering faith of some of the best thinkers of the allœopathic school in their Materia Medica. A more correct knowledge of the true character of disorganizations and morbid products showed conclusively that the curative resources of the allœopathic Materia Medica were insufficient to restore the original healthy condition of the diseased part, and those physicians had therefore to content themselves with offering the patients learned dissertations on the nature of their sufferings, without being able to afford any relief. To the homœopathic physician, however, the investigations of physiologists and pathologists are not lost. They extend his knowledge of the curative relations existing between his remedies and the disease, and enable him to build his science of therapeutics upon a sure and permanent foundation.

§ 2. Before proceeding to a description of the treatment of chronic diseases, we shall first discuss

HAHNEMANN'S VIEWS

on the nature of those diseases, and afterwards show how their treatment is to be conducted in accordance with Hahnemann's views.

His disciples, and still more his opponents, must have wondered that, after having condemned in such absolute terms the generalizations, terminology and hypotheses of the old school, he should have indulged in

apparently similar speculations, and should thus have exposed himself to the sneers of his opponents. Nevertheless, upon a more careful examination of the theories which he has laid down in the first volume of his Chronic Diseases, and which are supported by inexhaustible stores of learning, powerful arguments, and even the authority of the Sacred Scriptures: the aspersions which prejudiced and malicious adversaries have endeavoured to cast upon Hahnemann, evaporate into thin clouds.

When Hahnemann first commenced treating chronic diseases according to the homœopathic method, he had developed his doctrine to a considerable extent; a large number of drugs had already been proved by him and his disciples, and he had become satisfied that, in spite of the general superiority of the homœopathic healing art, the treatment of chronic diseases by that method was unsatisfactory in the end. In 1817 and 1818, I had frequent opportunities of hearing patients examined by Hahnemann, who generally asked them whether they had had the itch. Since then I never omitted asking a similar question, and frequently cured a chronic malady with Sulphur or Hepar s., even before Hahnemann's Chronic Diseases had made their appearance. Hahnemann viewed chronic diseases differently from what physicians generally were in the habit of doing. He supposed that they were occasioned by some chronic miasm, in most cases of a psoric nature, and that the chronic character of that miasm was sufficiently proved by the fact, that even a robust constitution and the strictest diet were unable to overcome it, or even to prevent its gradually developing more and more dangerous symptoms. The psoric malady may exist with or without a cutaneous eruption; the remedies which Hahnemann proposes to employ against psoric diseases, are designated by the term "*anti-psorics.*" The cures which he effected by means of these anti-psoric remedies, confirmed him in the opinion, that the various cutaneous eruptions, adventitious formations from the simple wart to the

largest tumors, from distorted nails to curvature of the spine, and swelling and softening of bones, frequent bleeding at the nose, blind or flowing piles, hæmoptoë, hæmatemesis, hæmaturia, too scanty or too copious menstruation, night-sweats, parchment-like dryness of the skin, diarrhœa of several years' standing, constitutional costiveness and constipation, chronic pains, convulsions, returning for a successive number of years, and a host of diseases which pathologists have distinguished by a variety of names, are, for the most part, of a psoric origin. The experience of later years, so far from impairing his convictions on the subject of psora, furnished him additional proofs for his theory, that by far the vast majority of all chronic maladies, no matter how diversified the symptoms, are ramifications of one common fundamental miasm, *psora*.

§ 3. According to Hahnemann, all chronic diseases originate in three different miasms, characterized by distinct symptoms, viz.: syphilis, sycosis, and psora.

Psora is the oldest, most general, most pernicious, and nevertheless least known, chronic-miasmatic (contagious) disease, which formerly showed itself in the form of lepra, herpes, St. Anthony's fire, etc., and, being suppressed by external means, continued to exist in a latent state and gave rise to mental and nervous diseases, paralysis, consumption, etc. Seven-eighths of all chronic diseases arise from psora; the remainder are occasioned by the syphilitic or sycosic miasm, or by a combination of the three. By cleanliness, better diet, etc., the external form of psora gradually improved, until, towards the beginning of the fifteenth century, it assumed the form of the present itch. Mankind, however, were not much benefitted by the change, inasmuch as the custom of suppressing the eruption by artificial means continued, and the psoric disease broke forth, after weeks, months, or years, in a new and much more dangerous and distressing form. This modern itch sometimes disappears even spontaneously as it were, in consequence

of some sudden emotion, fright, chagrin, a cold, the use of tepid or mineral baths, a fever or some other acute disease, a diarrhœa, deficient activity of the skin; this kind of spontaneous suppression is attended with the same evil consequences as a suppression by washes, ointments, or other artificial means. The diseases which follow a suppression of the itch, are not much less dangerous than those that attended a violent suppression of the ancient lepra; though these latter diseases were not much better known than the acute and chronic post-scabial affections are at present.

§ 4. An acute contagious disease frequently disappears again after two or three weeks, even without treatment; chronic miasmatic (contagious) diseases can only be removed by medicine. The infection takes place at the moment when the epidermis comes in contact with the eruption, the whole organism being tainted all at once. This is likewise the case in syphilis. Washes, caustics, etc., are useless, for the infection remains. As soon as a single itch-pustule makes its appearance upon the skin, the whole organism is affected; that pustule is the product of the internal disease, which is held in check by the vicarious representative upon the skin, and would become worse if the external symptom were removed by artificial means. The cause of the itch being so universal is, that everybody is liable to the infection. If the disease be left undisturbed, the number of pustules keeps increasing, and, as vicarious symptoms, they are necessary to the relative well-being of the organism. Their violent suppression is attended with dangerous consequences, which do not always develop themselves immediately, particularly in cases of recent itch, but scarcely ever fail to make their appearance sooner or later, and to disturb the organism to the last moment of the patient's life. These post-scabial diseases affect every system, the sensitive, irritable and reproductive; the principal are: Frequent discharge of ascarides, with creeping in the anus, particularly

in the case of children; frequent distention of the abdomen; alternation of canine hunger and loss of appetite; paleness of the face and relaxation of the muscles; frequent ophthalmia; styes; swelling of the cervical glands; sweaty head; epistaxis, more in young than in old people; cold or sweaty hands; burning in the palms of the hands; profuse sweats about the feet; frequent going to sleep of the extremities; frequent cramp in the muscles of the extremities; subsultus of parts of muscles; frequent catarrh; fluent or dry coryza; stoppage of the nose; troublesome dryness of the nose; scurfs in the nose; frequent inflammation of the throat and hoarseness; hacking cough; paroxysms of dyspnœa; liability to take cold; liability to strain a limb; frequent attacks of megrim or toothache; frequent flushes of heat in the face, with or without anxiety; falling off of the hair; scales on the head; disposition to erysipelas; menstrual irregularity; starting of the limbs on going to sleep; weariness after sleep; disposition to sweat in the day-time; coated, pale, or cracked tongue; a good deal of phlegm in the throat; fetid smell from the mouth; sour taste; morning nausea; sensation of emptiness in the stomach; aversion to warm food; dryness in the mouth; frequent colic; costiveness or diarrhœa; blind or flowing hæmorrhoids; dark urine; varices on the extremities; chilblains, with pain, even in the summer season; painfulness of the corns, even without the shoes pinching; liability to sprain a limb; cracking of the joints during motion; drawing, tensive pains in the nape of the neck, back, limb, particularly in the teeth; reappearance of the pains during rest, and cessation of the same during motion; return and aggravation of the pains at night, or when the barometer is very low, during a cold and raw wind, in the winter season or towards the commencement of spring; restless, too vivid dreams; unhealthy skin; frequent boils or panaritia; dry skin of the extremities, or cheeks; scaling off of the skin in different parts, sometimes accompanied with itching and burning;

breaking out of vesicles, which gradually fill with pus, at first causing a voluptuous itching, then a burning.

These are some of the lighter ailments caused by the suppression of the itch; they may last for years without causing any serious trouble, until old age sets in or some accidental cause develops them into more serious disorders, some of which are the following:

Asthma, with or without general swelling; suffocative catarrh; suffocative asthma; asthma and hydrothorax; pleurisy and cough; violent cough; hæmoptoë; hæmoptoë and phthisis; accumulation of pus in the chest; abscesses in the omentum; disorganization of viscera; hydrocephalus; ulceration of the stomach; sphacelus of the stomach and duodenum; anasarca; swelling of the scrotum; red swelling of the whole body; jaundice; swelling of the parotid glands; obscuration of sight and presbyopia; cataract; amaurosis; dimness of sight; enteritis; diabetes; suppression of urine; erysipelas; acrid, ichorous discharges; ulcers; caries of bones; swelling of the femur and tibia in the knee-joint; bone-pains; rachitis and atrophy of children; fevers; tertian and quartan fevers; vertigo and complete failing of strength; epileptic vertigo; convulsions; epilepsy; apoplexy; paralysis; melancholy; mania, etc.

§ 5. According to Hahnemann, the itch-miasm is the most contagious, so much so that physicians, simply from feeling the pulse, have carried it from one place to another. It has even been communicated by linen which had been washed together with the linen of itch-patients, or by gloves or towels that had been touched only once by such patients; even infants, while passing through the vulva, took the disease from the mother or nurse. We need not mention all the various circumstances under which the disease is contracted.

Unfortunate race, to be thus continually exposed, without being able to ward off the evil! Can it really be supposed that a kind Providence should have allowed

this disastrous miasm, psora, to infect, unopposed, every living organism? May not many of the symptoms which Hahnemann sets down as post-scabial diseases, owe their existence to an entirely different cause? According to Hahnemann, every body is tainted with psora, for there is scarcely any of us that has not had a pimple or pustule on his skin. It is evident that the psora-theory, which is undoubtedly true in many respects, has been stretched too far by Hahnemann.* But even if it were entirely erroneous, we owe a number of excellent remedies to that theory. Its undue extent is partly owing to the fact, that Hahnemann set down all the diseases which happened to yield to one of those remedies, as psoric.

§ 6. Let us now briefly state Hahnemann's views of the treatment of psoric maladies, which the reader will find fully detailed in the first volume of the Chronic Diseases.

The itch-pustule is at first a transparent vesicle, which gradually fills with pus, and is surrounded with a narrow red border. If it should be ever so small, like a little pimple, or if it should look like scattered pimples or scurf, there can be no doubt of its being the itch, provided the patient (whether a child or full-grown person) complains of an intolerably voluptuous itching of the eruption, particularly towards evening and at night, and scratches incessantly, which is followed by a painful burning. As soon as the itch-pustule is perceived, the whole malady can be thoroughly and permanently cured in two or three weeks by one or two pellets of a high attenuation of Sulphur. In some cases, a dose of highly-potentized Carbo animalis or Sepia is required. If the disease should have lasted a long time, and the eruption should still be upon the skin, one dose of Sulphur is not sufficient. Before a second dose, however, is adminis-

* I refer the reader to my new work on Homœopathy, now in press, where abundant evidence will be furnished of the fact, that a great many diseases which Hahnemann considers of psoric origin, are owing to an entirely different cause.—*Hempel.*

tered, the patient should first take a dose of *Nux vom.*, to quiet the nervous irritability which might otherwise injure the good effects of the Sulphur. The Nux is particularly requisite when the patient is inconvenienced by the open air, when he is too much disposed to sit or lie down, and obstinately opposes the wishes of other people. The second dose of Sulphur should be allowed to act 36 or 40 days, and will not fail to effect a cure, particularly when the patient complains of costiveness, with knotty stool and frequent, ineffectual urging.

To those who might feel disposed to find fault with the plan of beginning a treatise on chronic diseases with the treatment of cutaneous eruptions, which is generally placed at the end in the ordinary therapeutic manuals, I would observe that I have adopted the present arrangement in accordance with the views of Hahnemann, who considers those eruptions as the prime cause of all chronic maladies.

NINTH CLASS.

CHRONIC CUTANEOUS ERUPTIONS. IMPETIGINES.

Peter Frank called the chronic cutaneous diseases, impetigines, in contra-distinction from the acute, which he called exanthemata.

Physiological character: Their seat is the skin, particularly the epidermis, corpus papillare, rete malpighianum. Quantitative and qualitative alteration of the cutaneous secretions. Tendency of the altered secretion to assume an organic form. We distinguish the following periods: germ, development, efflorescence, maturity, desquamation. The impetigines require for their development two stimuli: breathable air, of which the higher forms of impetigines require a larger supply than the lower, and a certain temperature. If these stimuli should be removed, internal

organs are invaded and other diseases set in, such as: tubercles of the lungs, carcinomatous ulcers.

The anatomical character is but imperfectly known; it is confined to the alterations in the skin, which are of a twofold kind: the epidermis is either in a state of pappy softening and liquefaction, as is the case in the diseases which belong to the genus amorpha; or it is thick, without transparency, composed of lamellæ, or of a horny consistence, as in ptyriasis. The alteration is not confined to the epidermis, but extends to the rete vasculosum and malphigianum; in this case new formations arise, which Schœnlein denominates impetiginous products, (fruits,) and in which he distinguishes the pericarpium and the product (fruit) proper. The pericarpium is distinguished from the healthy skin by its consistence, colour, and appearance; the product (fruit) arises out of the pericarpium. At times this is of a pale-red, at times of a dark-red or copper-colour, according to the genus of the disease and the age of the patient; it is circular, or angular, or forming streaks; sometimes the whole pericarpium is changed to fruit; at other times they increase simultaneously, etc.

The fruit is distinguished into the capsule formed by the epidermis, and the contents. The former is either globular, conical or acuminated; in some cases it is of the consistence of leather, in others it tears easily. With respect to colour, the contents are at times honey-coloured, at others lemon-coloured, at times brown, at others again gray; with respect to consistence, they are sometimes like water, at other times like syrup, at others again like thick pap, etc.; by means of the microscope we even discover infusoria, in scabies, for instance.

Vascular excitement is scarcely ever present, except when the impetigo develops itself rapidly; in this case the eruption is frequently preceded by a feverish excitement, which continues to some extent even after the breaking out of the impetigo; fever is likewise present when the eruption covers a large portion of the skin, and lastly, when the patients are

feeble, irritable individuals. The fever is generally erethic, scarcely ever synochal, and still less frequently does it assume the form of torpor. The reproductive sphere is frequently the greatest sufferer, inasmuch as the cutaneous affection prevents the proper reproduction of the other tissues; hence the impetiginous cachexia which is most perceptible upon the skin that looks pale, with a livid tinge.

Etiology: Hereditary disposition, age, scrofulous diathesis. Exciting causes: the long-continued use of certain medicines, such as: Sulphur, Copaiva, Turpentine, Antimonial preparations, Mercury; uncleanliness, neglect of the skin.

Prognosis: generally favourable; it depends upon the form, duration of the malady; the older the impetigo, the more difficult the cure; it likewise depends upon the age of the patient: impetigo is most easily cured at the age of pubescence, less easily in children or old people; upon the condition of the skin: the drier the skin, the greater the tendency to crack, the more difficult the cure; the moister the skin, the easier the cure. The prognosis is unfavourable when ulceration has set in, and still more so when the original eruption had been suppressed and secondary diseases have made their appearance.

Let us now proceed to the consideration of the primary form of all impetiginous diseases, scabies.

§ 7. *Scabies vesicularis*, or *lymphatica. Common itch.*

It makes its appearance in the shape of small vesicles, which are filled with a clear fluid and surrounded with a narrow, bright-red border. They itch violently, and first break out between the fingers, on the inner side of the wrist-joints, and on the epigastrium; afterwards on the buttocks and in the bends of the joints. If the disease last a sufficient time, it spreads over the whole trunk, leaving the face entirely free, which is a characteristic of the itch; the violent itching, particularly in the evening, in bed, the

continual successive breaking out of new pustules, the contagious character, and the absolute unwillingness of the disease to disappear of itself, are likewise characteristic properties of the itch. The appearance of the eruption is altered by the frequent scratching of the patient, which is induced by the excessive itching, particularly in bed and on coming out of the cold air into a warm room. In consequence of the scratching, blood and fluid get mixed up together, dry on the vesicles, and form red-brown or blackish thick scurfs, which make the patients look as if they had had their skin lacerated with blows.

Upon examining the itch before the eruption has been altered by salves and the like, it will be perceived that a fine line or canal extends from a number of the little vesicles, particularly on the fingers, under the epidermis, and terminates in a small, dark point. Upon raising the point, by separating it from the epidermis by means of a fine needle which is obliquely pushed under the latter organ, an exceedingly minute animalcule, of quick motions, is discovered in the point. This animalcule, the *acarus scabiei* or *sarcoptes hominis*, is a few lines in length, and, if placed under the microscope, shows a roundish, white, striped, turtle-shaped body, which is somewhat contracted from side to side, with a back covered with stiff little warts. Of its eight feet, the four fore-feet are placed near the head in the place of hands as it were; the four back-feet are far apart. The back feet are attached to the body, longer than the latter, cylindrical and without clasp-plates; the clasp-plates of the fore-feet are simple. The fore-feet and head can be concealed under the breast-plate (*Canstatt*).

§ 8. The itch is scarcely ever spontaneous, nor is it always engendered by filth. The disease is sometimes communicated to tailors, cloth-makers and cloth-shearers, by handling wool mixed up with dirt; it is likewise met among carpenters who are obliged to handle a good deal of copal-varnish, and among shoemakers who are constantly dirtying their hands with

pitch and hemp. The most frequent mode of communication is by contact, particularly by means of wool and woollen things to which the itch-contagium remains most easily attached; a certain duration of its action, and a sufficient temperature, are, however, required to secure the infection. According to my observations, the itch is not near as easily communicated as Hahnemann supposes; it is at least very difficult to prove that a communication has ever taken place through a mere caress, or while the child, covered with mucus, was passing through the vagina. Food and climate, elevated regions, quantities of sour cheese, etc., seem to have a good deal of influence on the existence or propagation of that disease. The itch which is communicated by animals, is generally very malignant.

The itch never gets well of itself; it continues for years, and, after a time, leads to the formation of sores, particularly around the ankles, to ophthalmia, etc. The suppression of the itch is frequently followed by the diseases which will be treated of in the subsequent chapters.

The different forms of the itch are treated pretty much alike; I will mention their names, leaving it to the reader to look for a more detailed description in other sources. They are: Scabies papulosa, or porrigo scabida (common, dry itch). This kind of itch consists of rather scattered small pimples under the skin, resembling rash, and itching violently at a change of temperature; the eruption is most violent on the back, upper arm, thigh and abdomen. Scabies purulenta (suppurating itch); it is very violent, the eruption is larger than the ordinary itch, particularly on the fingers and their joints; it terminates in suppuration.

The prognosis depends upon the manner in which the disease originated. It is more favourable when the itch was communicated, than when it came on spontaneously; it depends likewise upon the duration of

the malady: the sooner the treatment commences, the more easily is the disease cured.

§ 9. *Treatment of the itch.*

In the first part of his *Chronic Diseases*, Hahnemann writes a good deal about the treatment of psora; what he says about the treatment of the itch in a note, p. 180, is so scanty, that one would think he considered the treatment of that disease exceedingly easy. It would seem, moreover, as though the homœopathic treatment of all psoric diseases ought to be perfectly certain, lest homœopathy should be pronounced an insufficient method of curing. Be this as it may, in treating a case of itch, the physician had better not bind himself too strictly to Hahnemann's rules, lest the patient, discouraged by the slowness of the cure, should silently withdraw, and leave his physician in doubt whether he did the patient any good. Any case of itch, whether old or recent, can be cured, nor ought the treatment to last a whole year, though an old case is not as easily cured as a recent one. This is an additional reason why Hahnemann should have extended his remarks about the treatment of the itch, and should not have contented himself with merely stating that an old case requires the use of antipsorics in order to remove the secondary affections that have sprung up from it. As long as the eruption is upon the skin, the treatment of the itch must be perfectly certain, even in cases where the eruption, in consequence of the length of time, has become altered in its nature; the homœopathic physician should never hesitate in the selection of his remedies, as is unfortunately so often the case.

Inveterate itch frequently resembles the widespread herpes; before we describe the treatment of such inveterate cases, we shall premise the following general remarks.

The eruption, whether it arose from uncleanliness or contagion, preserves its original *voluptuous itching, which scratching changes to a burning sensation.*

The sulphur-eruption, on the contrary, is characterized by a *burning sensation upon the skin, which scratching changes to a painful soreness.*

Sulphur is the specific remedy for the itch, and that medicine should therefore be continued until the eruption and the sensations which Sulphur is capable of producing upon the skin, exist. This period, however, scarcely ever arrives under the treatment prescribed by Hahnemann, who first recommended to give a pellet of the 30th potency of Sulphur, and to allow it to act for several weeks, and who afterwards modified his original treatment by repeating the dose every week. (See the preface to the "Repetition of a Homœopathic Remedy," in Bœnninghausen's Repertory of Homœopathic Medicines, part 1st.) It is true, such a sulphur-eruption is not absolutely indispensable to the cure of the itch, but the sooner it shows itself, the more speedy, safe and thorough will be the treatment, and no secondary diseases need be apprehended. If no pimples make their appearance after continuing the Sulphur for eight or ten days, the Sulphur was either too weak or the dose had not been sufficiently repeated. The sulphur-eruption ought not to cover the whole body as the itch itself, but ought to appear only in single pimples. Where the sulphur-pimple appears, the patient experiences a burning stitch, after which the above-mentioned burning sensation sets in, the cuticle is gradually raised, and the pustule is sometimes fully developed in the space of a few hours. The sulphur-pustule has a more yellowish tint than the itch-pustule, it is larger and more fully developed than the latter, and its tip is filled with pus.

In the treatment of the itch, I employ the tincture of Sulphur as well as the triturations; the former in recent cases, the latter in inveterate cases, or in all cases where no improvement is effected by the tincture in at least a fortnight.

In treating children under five years, I generally use pellets moistened with the tincture of Sulphur,

giving from two to three pellets every other day. If no improvement sets in after the second or third dose, I repeat the dose every day, and use, moreover, drops of the tincture. For older patients, I prefer the tincture in drop-doses, from the very commencement. In inveterate cases of full-grown patients, I give a drop of the tincture morning and evening.

Such lighter cases would have been treated by every homœopathic physician in pretty much the same way. But much larger doses of the specific remedy are required when the itch had lasted months or even years, when secondary diseases threaten to make their appearance, and a number of external and internal remedies had been employed without effect.

One thing is certain, and my opinion is derived from long experience, that the remedy which was specifically indicated by the original disease, has to be given even if the original form of the disease, itch for instance, or syphilis, had been altered by long neglect or mismanagement.

In all such neglected or mismanaged cases of itch, the triturations of Sulphur have to be used, one grain of Sulphur to one hundred grains of Sugar of milk, triturated together for one hour, being frequently sufficient at the rate of four grains, morning and evening. If no improvement should take place after using that preparation for one week, another preparation of five grains of Sulphur to one hundred grains of Sugar of milk should be subtituted, and given as above. After giving it for eight days, twice a day, it should be continued for a fortnight longer, at the rate of one dose a day, then another fortnight at the rate of one dose every other day; in three weeks give one dose every third day, and if, at this period, the above described characteristic burning of the Sulphur should be felt on the skin, the Sulphur should likewise be used externally, continuing the internal use as above. As an external remedy, I employ 5, 10, 15 or 20 drops of the tincture in half a cup of water, and direct the

patient to wash with this solution all the worst places every morning and evening.

In pursuing this course of treatment, all the lighter cases of itch are cured in from two to three or four weeks; the more complicated cases in from six to eight weeks. This treatment is likewise to be pursued in cases where quantities of Sulphur had been administered allœopathically. When Hahnemann first proclaimed his great discovery to the world, I dared not continue the Sulphur after it had been used allœopathically, and I preferred using some other antipsoric which seemed to be homœopathic to the case. In this way I sometimes effected a cure, but very slowly. For some years past, however, I have again resorted to the Sulphur, and have never seen any ill effects from it even in cases where that agent had been fearfully abused. I will here state a case showing that Hahnemann did not hesitate to pursue a similar course.

Thirty years ago my brother was affected with the itch. He was treated for upwards of a year in the hospitals of Vienna, without the least effect. In 1816 he applied to Hahnemann, who recommended the following treatment: To triturate half a scruple of the flowers of Sulphur with one hundred grains of Concha præparata, (which he then used as a vehicle instead of Sugar of milk,) and take of it three times a day as much as would cover the point of a knife; all acids to be avoided. This powder was to be continued until the patient should experience an intolerable burning upon the skin.* Then only one dose was to be given, and after a time, one dose every other day, which was to be continued until the cure should be completed. An ointment composed of half a scruple of the flowers of Sulphur and an ounce of lard, was used externally, a small portion of which was rubbed on the joints every evening. My brother was completely restored

* This is the above-mentioned characteristic burning which Sulphur produces on the skin.

in seven weeks, and has enjoyed perfect health up to this moment.

I have indeed cured the itch with smaller doses of Sulphur, but the treatment was always very slow and much less satisfactory. I am likewise willing to admit, that the ointment is not always necessary, and should never be used till the internal use of Sulphur has induced the characteristic itching and burning upon the skin ; in this case these symptoms disappear very rapidly under the use of the ointment. The ointment should only be used in inveterate cases ; in all recent cases the tincture, as an external remedy, is sufficient.

If one of the faithful should censure my mode of treatment, I must allow him to enjoy that pleasure. I simply fulfil a duty by laying the results of my experience before my readers. Let any one try to treat inveterate cases of itch with the higher preparations of Sulphur, and his ill success will soon lessen the antipathy he may have felt to my own treatment. But why should he take offence at my treatment, since Hahnemann himself has recommended the external application of *Thuja* and *Arnica* in chronic cases where those remedies were indicated by the symptoms ?

§ 10. Before describing the treatment of the herpetic disease which sometimes develops itself from the itch, I ought to speak of a peculiar form of the itch-disease, the

CRUSTA SERPIGINOSA.

Formerly this eruption was considered identical with the crusta lactea, until Wichmann showed that it was a different kind of exanthema, belonging to the class of herpetic-syphilitic eruptions, and resembling herpes squamosus. It resembles the crusta lactea only in this, that both diseases affect infants almost exclusively, during the period of lactation, and make their appearance on the uncovered parts of the

hairy scalp. Autenrieth is the first who showed that the crusta serpiginosa is a variety of the itch.

The disease commences with a red itching spot on the cheek in front of the ear, near the parotid gland. A number of small dark pimples make their appearance on that spot, changing to violently-itching vesicles surrounded with a bright-red halo. The vesicles break and pour forth a quantity of a serous corroding fluid, which makes the infants scratch continually. This fluid inflames the parts it touches, causing a new eruption all the time. In this way the eruption spreads more and more, extends even over parts of the face, the eyelids, without however affecting the eyeballs, and sometimes covers even the hairy scalp. As the disease develops itself, the exanthem sometimes makes its appearance on other parts of the body, on the neck, back, loins, extremities, and appears on these parts even after having left the face.

While the exudation is still going on, a part of the exuded fluid becomes indurated, and assumes the shape of small flat and very dark crusts, which gradually become detached by the newly-exuded matter, and leave a sore, ichorous place upon the skin. As in herpes, so here, the ichorous exudation continues to alternate with the process of desquamation, until the disease is cured by proper remedies.

The immediate consequences of the intolerable itching are: constant restlessness, sleeplessness, and general debility. The infant loses flesh, and other secondary affections of the reproductive system set in. These are, according to Autenrieth: swelling of the lymphatic glands in the axillæ and groins (when the disease is very violent); abscesses on the trunk and extremities, of the size of a walnut, which break and leave blue spots on the skin, as do the large itch-pustules in full-grown persons.

§ 11. This disease is undoubtedly of psoric origin. But Hahnemann is not the first who advanced such a doctrine. Wichmann and Autenrieth have said the same thing before him. Wichmann observes in his

work on diagnostics, that the disease is of a complicated nature, and is occasioned by some kind of eruptive disease in the mother or nurse, of a psoric, syphilitic and sycosic nature. According to Autenrieth, the disease is the true itch, which always takes that form in infants at the breast. According to the latter pathologist, the itch assumes various forms, according to the age of the patient: in infants, it is the crusta serpiginosa; in adults and full-grown people, it is the common scabies humida; and in old people, the dry itch.

The opinions of both those observers are entitled to great credit. The existence of the itch-miasm is indeed probable; the psoric miasm occasions a number of secondary diseases, which may be considered a form of psora. All herpetic eruptions are of a psoric nature, even in individuals that, to their knowledge, never were affected with the itch. It is perfectly proper to consider crusta serpiginosa a form of itch; Autenrieth's mistake consists in basing a strict classification of the various forms of itch upon the different ages of the patients.

According to Haase, crusta serpiginosa is either a complication of herpes with syphilis, or of those two diseases with scrofula.

According to Hahnemann, crusta serpiginosa, tinea capitis, crusta lactea, etc., are varieties of scrofula, and the external symptoms are vicarious representatives of the internal disease which pervades the whole organism. This opinion appears by far the more rational.

Crusta serpiginosa and crusta lactea are distinguished by the following symptoms: The latter first appears on the forehead and cheeks, the former on the ear; the latter breaks out in irregular, pretty large pustules, the former in small vesicles filled with some kind of fluid; the crusta serpiginosa is characterized by violent itching, particularly at night, which is wanting in crusta lactea; the crusts of the serpiginosa are rather thin and dark-brown, not thick and

yellowish-white as in the crusta lactea. The crusta serpiginosa is always a slow disease, which only disappears by the use of proper remedies, whereas the crusta lactea frequently disappears of itself, in from 6 to 8 weeks.

Crusta serpiginosa is only seen in infants at the breast, and generally is transmitted by nurses, mothers, etc., affected with some kind of itch.

§ 12. This exanthem is more or less obstinate, according as the treatment is commenced sooner or later. If nothing is done for it, it may last a number of years, and becomes more inveterate in proportion to its duration. Then it is that the reproductive system is invaded, the symptoms of scrofulosis develop themselves, a state of debility sets in; or, if the eruption should be suppressed, secondary diseases make their appearance, which generally affect the nervous system, such as hydrocephalus, eclampsia, epilepsy, etc. Under a well-conducted homœopathic treatment, this disease cannot possibly lead to such disastrous results.

Treatment: for the lighter forms of crusta serpiginosa, or when the disease is just breaking out, the medicines which I shall hereafter recommend for crusta lactea will generally be found sufficient. When the disease has become more inveterate, I give *Sarsaparilla*, one to a hundred, but have lately preferred a higher potency. This medicine is particularly indicated when the eruption rests upon a wide-spread inflamed basis, and the patient frets continually. This remedy is still more efficacious when the crusts become easily detached in the open air, and the recently-formed cuticle cracks. Before continuing my remarks on the treatment of this disease, I ought to observe that the medicine has to be repeated, else the cure will not succeed.

Arsenicum album will be found useful when the eruption spreads rapidly by means of the exuded ichor, and when the itching and burning, which cause the infant to toss about and to rub and scratch continually, are diminished by the application of warmth.

Although the infant's sleep is not very much disturbed, nevertheless the patient loses flesh and strength.

Clematis erecta is indicated when the eruption consists of distinct pimples, and is less of a confluent nature; the pimples look somewhat like itch-pustules, itch a good deal, break in a short time, and new pimples make their appearance as the old ones dry up. The pimples always rest upon a highly inflamed basis.

I have frequently used *Dulcamara* with great effect in this disease, and also in other forms of herpes on various parts of the body. It has proved useful only when the eruption was dry and not spreading; the latter symptom always indicates *Arsenic*. *Dulcamara* was especially indicated by glandular swellings in the groins, on the nape of the neck, and in the axillæ.

I have frequently used *Ledum palustre* with success as an intermediate remedy, when the pimples were rather dry, kept multiplying, with a scurf at their tips, and forming a new crust all the time, somewhat resembling crusta lactea.

Since the publication of Hahnemann's psora-doctrine, I have become convinced that, in most cases, *Sulphur* is the best remedy to begin with, particularly if the nurse or mother, either during the period of nursing or utero-gestation, had been affected with an itch-like eruption, or even merely with pimples or a mild form of leucorrhœa. Wet-nurses are generally very unwilling to admit that they have had the itch, and this would be an additional reason why the treatment should be commenced with *Sulphur*. If this medicine should not be sufficient to a cure, *Acidum phosphoricum*, higher potency, will prove an effectual remedy, particularly if the pimples form clusters.

Acidum ph. is not always indicated after Sulphur. If Sulphur should leave the eruption unaltered, if it should continue spreading in consequence of the acrid humour which keeps constantly oozing from under the crust, making the infant restless, and depriving it of all sleep, I have frequently cured the eruption with *Graphites* within three weeks; whereas in other cases

which seemed exactly like the former, Graphites produced a considerable aggravation of the symptoms, even if the medicine was allowed to act a long time; in such a case the cure was effected by a dose of *Lycopodium*, *Conium*, or *Cicuta virosa*.

Sepia is an admirable remedy for this eruption, and almost always induces a favourable change if given at the commencement. This change, however, does not always last. If the above-named remedies should have been given without effect, and the patient should be affected with a purulent discharge from the ears and swelling of the latter organ, *Natrum muriaticum* will be found of great value.

A most admirable remedy for this herpetic form of scrofulosis, is *Calcarea carbonica* in small doses. This remedy is much better adapted to children than to full-grown persons, because its action, in the former subjects, is much less intense, and is therefore less liable to excite latent psora-symptoms.

Rhus tox., *Ranunculus sceler.*, *Staphysagria* and *Merc.*, may likewise be mentioned as useful remedies in this malady.

Sometimes all the above-mentioned remedies leave us in the lurch; in this case, *Psoricum* may perhaps be of service.

A variety of scrofulosis, which appears in various shapes and degrees of intensity, is

§ 13. *Tinea capitis, achores, favus, scabies capitis, scaldhead.*

This disease generally affects children; it is seen mostly on the hairy scalp, and results in an exsudation of lymph with subsequent formation of scales or crusts. Modern pathologists place this eruption in the class of herpes crustaceus. It differs from herpes in this, that tinea exists only on the hairy scalp, and is cured by specific remedies, which may, however, be likewise found useful in herpes.

Characteristic symptoms are: A local inflammatory condition, with redness, itching, burning, and a

tensive pain in the affected part; exsudation of lymph which has frequently a fetid smell, terminating in the formation of scales or crusts, which are more or less extended and hard. The various names by which the disease is known, depend upon those various characteristic symptoms.

The slighter degrees of tinea are designated by the terms favus, achor favosa or muciflua; this variety is generally found on the back part of the head, towards the nape of the neck, and breaks out most frequently between the first and twelfth year. The affected parts become red, hard, hot, elevated; they are painful, and there is almost always a swelling of the lymphatic glands of the neck, nape of the neck, and head. After the lapse of a few days, small, round, acuminated pustules make their appearance upon an inflamed, rose-coloured basis, hard at their lower, and yellowish-white at their upper extremities. They start up gradually, and contain a yellowish-white, lymphatic, viscid, thick fluid, which smells more or less badly when discharged. This discharge is the cause of the eruption spreading more and more; the hairs are glued together, and vermin forms and increases if the patient should not be kept cleanly. In a short time, scaly, thick, hard, elevated crusts form, of various appearance.

There is a malignant form of tinea, tinea capitis maligna. Both these forms of tinea are symptoms of latent psora, complicated perhaps with syphilis that has assumed the character of scrofulosis. The eruption first appears on the vertex and sinciput: it commences like the benign form of tinea, except that a number of larger pustules are seen side by side, discharging an ichorous, yellowish-green fluid, which gradually spreads over the larger portion of the hairy scalp, and covers it like a cap of pitch. The humour becomes dry, forming thick, hard, coherent, gray-green crusts, covering ulcers of considerable dimensions, which keep spreading all the time, and secrete an acrid, fetid pus, that destroys even the roots of the hairs, and causes the hair to fall off.

§ 14. As was said above, these various forms of scaldhead are symptoms of latent psora, accompanied by derangement of the digestive functions, induration of the lymphatic glands, distention of the abdomen, deficient nutrition, paleness of the face, and the like.

If nothing is done for these eruptions, they frequently last for years, sometimes even to the age of pubescence. This is particularly the case with poor and ignorant people, who view such eruptions as efforts on the part of the organism to free itself from morbid humours, after the expulsion of which the children will enjoy so much better health. This erroneous notion has been handed down from former times, when the eruption was looked upon as an isolated symptom, the suppression or desiccation of which, by means of ointments or washes, was followed by ophthalmia, blindness, deafness, pulmonary diseases, and the like. A fashionable mode of treating these diseases was to put a pitch-cap on the child's head, and afterwards tear it off again. In this way the tinea was indeed removed, but this suppression was generally followed by ophthalmic affections, which were just as troublesome as the tinea, disfigured the face, and were moreover accompanied by a constantly progressing emaciation. One of my old class-mates has remained down to this moment a cripple, in consequence of such barbarous treatment.

Want of cleanliness, vermin, the use of warm fur caps, bad diet, etc., are very apt to occasion such eruptions if the organism be predisposed for them. It is undoubtedly true, that scaldhead is much less frequent since we have begun to bring up our children with more cleanliness, to pay more attention to their diet, and to allow their heads a free access of air; but this is not the only cause of the diminution of scaldhead. One of those causes is to be found in Nature itself, which every now and then alters the forms of disease. Take, for instance, the Sydenhamian scarlatina, which was so common in the last century, and is now scarcely ever seen. In the place of this

disease, we now have the purple-rash, first described by Hahnemann, or a combination of purple-rash and scarlatina. It is the same with small-pox. This disease is indeed still existing, but is much less violent than before, and seems to have given place to varioloid, which was unknown twenty years ago. Croup seems to be much more frequent now than it used to be; this is owing to the fact that scrofulosis, of which croup is a mere symptom, appears much less in its original forms.

Exciting causes of scaldhead are: a scrofulous disposition, heavy, undigestible, coarse food, excessive use of flour, uncleanliness, damp, wet and chilly atmosphere, close, low, filthy dwellings, etc.; excess of covering on the head or body is likewise calculated to excite the disease.

§ 15. The treatment of such eruptions is sometimes exceedingly tedious. The selection of a proper remedy depends altogether upon the totality of the symptoms, not upon isolated symptoms.

One of the principal remedies for the lighter form of tinea is *Dulcamara*, particularly when the glands of the neck, nape of the neck, and of other parts of the body, are swollen; the child is very pale and the muscles flabby.

I have frequently used *Bryonia alba* as an excellent intermediate remedy, when there were inflammatory tumors on the head, inflamed glands on the neck and nape of the neck, when the pimple-shaped eruption was spread principally over the nape of the neck and back, and the patient complained of a corrosive itching in the night.

Oleander is undoubtedly a good remedy for the simpler form of tinea, particularly when the eruption is scaly or humid, when the pimples resemble itch-vesicles, with an intolerable, corrosive itching at night, and a burning sensation on the head after scratching, and when the mesenteric glands seem to be affected, as might be inferred from the distention and hardness of the abdomen, and from the evacuations which are

at times solid, at others diarrhœic, and sometimes contain undigested food.

Hepar sulphuris is indicated in the lighter forms of tinea, when the eruption not only covers the head, but likewise the nape of the neck and portions of the face, accompanied with affections of the eyes, psorophthalmy, ulcers on the cornea, night-sweats, etc.

Staphysagria will be found useful in humid, fetid scaldhead, with violent itching and swelling of the cervical glands.

Acidum muriaticum is likewise an excellent remedy for tinea.

For tinea maligna which was very humid and fetid, caused the hair to fall off, with nightly itching, considerable secretion of greenish pus, formation of thick crusts and tendency to engender vermin, I have scarcely ever used any other remedy than *Rhus tox.*, several doses. This is undoubtedly the principal remedy in the different varieties of tinea, and will likewise be found useful when the whole of the hairy scalp is covered with a crust resembling the wax of the honey-comb. When there was considerable secretion of ichorous pus, and this corrosive ichor caused new ulcers wherever it touched the skin, I have found *Arsenicum album* a most excellent remedy, after which *Rhus t.* seemed to act very beautifully. I have sometimes been obliged to alternate Ars. and Rhus., but have never seen any good effects from them, if either of those remedies alone was insufficient to produce a favourable change.

Baryta acetica, second or third trituration, was formerly supposed to be useful only in dry tinea, but experience soon convinced me that it is still more useful in humid tinea characterized by crusts, falling off of the hair, itching and gnawing on the head. If this preparation of Baryta should prove insufficient, I resort to *Baryta carbonica*, particularly when the glands are swollen and indurated in other parts of the body.

If all these remedies should be without effect, which will only be the case when the eruption is very obstinate and had been mismanaged by allœopathic treat-

ment, *Tinctura sulphuris*, *Graphites*, *Lycopodium*, *Petroleum*, *Cicuta* and *Phosphorus* will certainly remove the disease, if chosen in accordance with the symptoms. *Kermes minerale* should likewise be thought of.

Another eruption which belongs to this class of diseases is

§ 16. *Achor larvata, porrigo larvalis, crusta lactea.* This eruption almost exclusively attacks infants between the seventh and eighth months after birth, and during the first period of dentition; according to Alibert, infants with auburn hair are more particularly liable to that disease.

Upon a red, not circumscribed surface, a number of small yellowish-white pustules make their appearance close by each other, breaking in two or three days, and discharging a clear, viscid humour, which forms into thin, transparent, whitish-yellow crusts. While these crusts are forming, the secretion of the humour continues, in consequence of which the crusts become darker and thicker. New pustules keep breaking out in this way all around, going through the same process, and uniting with the former until the whole face, with the exception of the eyelids, is covered as with a mask (hence the term larvalis). This eruption has an offensive, rancid smell, and varies a good deal. In some infants, for instance, the secretion is very considerable, and the skin red and excoriated; in others there is scarcely any secretion, and the epidermis is covered with a dry, brown crust. After the removal of the crust, there remains a red, elevated, sensitive epidermis, which is traversed by deep lines, peels off repeatedly, but does not exhibit as deep furrows as are seen in impetigo.

The eruption first appears on the forehead and cheeks, whence it spreads over the face, and even over the trunk and extremities, where it stops. Sometimes the ears and hairy scalp are invaded. There is comparatively very little itching, by which the crusta lactea may be distinguished from crusta serpiginosa, which is

a variety of itch. The disease is seldom seen after the eighth month, but sometimes appears in young nursing females, with delicate, sensitive skin. Florid, plethoric children are principally subject to this disease; in such patients, the eruption is very troublesome, because it covers the front part of the neck, and is sometimes accompanied with great debility, inflammation of the eyelids and eyes, purulent discharge from the eyes and ears, inflammation of the mesenteric glands, until marasmus, diarrhœa and hectic fever gradually set in, and death ensues. Generally, however, the disease terminates favourably. In some cases the disease disappears spontaneously by simply weaning the infant, or it is at least arrested by that means. Dentition has sometimes a favourable, sometimes an unfavourable influence. When the disease is about getting well, the urine becomes turbid, and smells like the urine of cats.

The disease may break out in the most healthy infants, but generally attacks plethoric children with irritable constitutions, and is induced by undigestible food, impure, damp, chilly air, appearance of the menses in the mother or nurse, etc.; it appears to be a preventive against other morbid conditions, such as difficult teething, acute hydrocephalus, etc. A sudden falling off of the crust is frequently accompanied with dangerous symptoms, such as acute hydrocephalus, oppression and palpitation of the heart, etc., particularly when the falling off takes place during the period of dentition.

§ 17. This disease is so little dangerous, that it is perfectly proper, in many cases, to entrust the cure to nature. In scrofulous patients, art has to interfere. If the infant should be very restless, if it should endeavour to rub the diseased part against everything, if the eruption should be seated upon an inflamed surface, it is advisable to give a few doses of *Aconite* as a preliminary palliative, after which the specific remedy should be administered. One of the principal remedies is the *Viola tricolor*. It is particularly indi-

cated by an intolerable burning itching at night, and by the above-mentioned characteristic smell of the urine. The eruption which this agent is capable of producing upon the healthy, is very much like crusta lactea.

Staphysagria, *Rhus t.*, and *Sulphur*, are very useful remedies. *Staphysagria* is indicated when a yellowish corrosive humour oozes out from under the crusts, or when, after the falling off of the crusts, new vesicles spring up on the denuded surface, which break again, and discharge a yellowish corrosive humour. *Rhus t.* is indicated when the eruption is seated on a dry surface, and the infant seems to be troubled by a burning itching. If these two remedies do not suffice, *Sulphur*, especially the tincture, should be tried, particularly when the pimples resemble those which Sulphur produces on the skin. In many other cases I have used *Aurum*, *Dulcamara*, *Arsenicum*, and *Hepar sulph.*, with success. *Lycopodium*, *Carbo veg.*, and *Causticum*, are likewise useful.

For the ophthalmia which frequently accompanies this disease, I have used with great benefit, *Euphrasia*, *Aconite*, *Hepar sulph.*, and sometimes *Belladonna*.

§ 18. Next to scabies we will mention the herpetic form which the itch sometimes assumes after having remained a long time upon the skin. I will here communicate what I know of the treatment of this disease, abstaining from all idle speculation, and confining myself to facts.

One of the most obstinate varieties of herpes, is the variety which resembles the itch, and may be taken from a person infected with the itch, by contact, or even in consequence of the loathing which the itch causes. It causes the same sensation as the itch, which is particularly felt when warm and heated, but is essentially distinguished from the itch by this, that the former does not attack the hands, at any rate does not cause any itching on the hands, even if they should be attacked. Another distinction is, that the places which have been made sore by scratching, and

are afterwards covered with scurf, do not, as in the itch, soon dry up and heal, but occasion, within 24 hours, a new, though not intense inflammation all around, contributing to the secretion of an ichorous humour under the scurf, which oozes out from under it by pressing upon it. The more frequently this humour is pressed out, the sooner the scurf dries up; the longer the humour is allowed to remain, the more the inflammation spreads, and the slower the diminution takes place. As the sore place is about to heal, new sores are forming which have to go through a similar process. These sores most frequently occur in places where a number of itch-pimples had crowded together, and sometimes cover a surface of the size of the hand. When a single pimple is scratched of considerable size, a boil is apt to form at that place, which penetrates deep into the skin, and discharges a thick, dingy-red fluid. Boils occur very frequently in this kind of herpes, sometimes five or six at a time. The patient generally feels chilly towards evening, experiences the greatest uneasiness, not only in the extremities, but in the whole body; is low-spirited, and the sleep is very much disturbed by itching, starting and anxious dreams. The other functions of the body remain regular.

I have never treated a case of this kind of herpes from the commencement; when I undertook the treatment, the disease had generally lasted several years. I will not decide whether it is the same disease as the itch, but the external character of the two diseases is pretty much alike.

§ 19. The treatment of this form of the itch should be commenced with the tincture of Sulphur, which is much more efficient in this disease than the attenuations. After having continued the medicine for a few days, I leave the patient without medicine for two or three days, or wait even longer if there should be a progressive improvement. If no symptom of improvement should set in, I consider this a proof that Sulphur will produce no favourable change,

however much it may seem to be indicated. Nevertheless, we never lose time by commencing the treatment with a few doses of Sulphur. If Sulphur should have been entirely fruitless, I know of no better remedy than *Psorin*, one dose every other day, and to be continued as long as it acts favourably. If the medicine should not seem to affect the organism any farther favourably, I allow a few days to elapse before I give a new medicine. If, after this, the symptoms should still indicate Sulphur, it should be given unhesitatingly, and it will then be found to act very favourably, and, in most cases, will perform a cure.

Experience alone can teach us what are the best remedies for chronic cutaneous eruptions, where we have no symptoms to guide ourselves by in the selection of a remedy, and where the few subjective symptoms are of no practical value, inasmuch as they depend upon a sort of mechanical irritation of the skin occasioned by the eruption. As regards Sulphur and Psorin, I can state with tolerable certainty, that they are good and reliable remedies in this affection, though I am willing to admit that I have sometimes given those two remedies for five or six weeks in succession without perceiving the least change. In this case, *Lachesis* and *Clematis*, or *Dulcamara*, in repeated doses, deserve a preference. I have sometimes given Clematis and Dulcamara in alternation, one dose every four days, and have in this way succeeded in effecting a cure. In cases where the above mode of treatment proved unavailing, I have used more or less empirically, *Sepia*, *Carbo veg.*, *Kreasotum*, *Causticum*, *Natrum mur.*, *Lycopod.*, *Merc.*, *Calc. c.*, and *Graphites*.

It is impossible to cure this disease in less than three months; sometimes it takes six months, and even several years, before the organism is entirely freed from the disease.

§ 20. An affection which is very similar to the last named form of scabies, and which we frequently

meet in females, and in persons who have to work standing, such as compositors, printers, etc., are

Ulcera pedis,

which homœopathic physicians are very frequently called upon to treat.

In women who were affected with varices during pregnancy, these ulcers very often make their appearance at the critical term of life ; in men they likewise frequently develop themselves out of varices, and are therefore very properly called varicose ulcers. I shall class the phagedenic ulcers in the same category, as the homœopathic treatment of those two kinds of ulcers is almost the same.

The former ulcers are generally seen on the legs, in the region of the ankles ; they may be caused by a very slight wound, abrasion of the skin, pressure, knock, or some other mechanical irritation. Such slight causes would, of themselves, be insufficient to cause such a distressing affection as ulcers of the feet sometimes are ; they merely serve to excite the pre-existing disposition to the formation of such ulcers, which may even appear without any positive cause, and, under allœopathic treatment, frequently break out at another place, after having been dried up in the former. The sores commence with bleeding, and subsequent suppuration ; if this should be neglected, obstinate ulcers may arise. The salves which are used in domestic practice for the cure of such ulcers, are frequently injudicious and injurious. Persons with a fine, delicate skin, blond hair, and an irritable disposition, are more generally affected with such ulcers ; they should be considered as a sort of outlet to other diseases, which thereby are deprived of the means of developing themselves. However unimportant such an ulcer may seem at first, it is nevertheless a most important affection, which it frequently requires a long antipsoric treatment to cure.

A phagedenic ulcer cannot well take place except as a sequel to some chronic cutaneous disease,—itch,

herpes, etc. It differs from the former ulcer in this, that it appears in different parts of the body, particularly in soft, muscular parts, and that it discharges a thin, watery, corrosive ichor, which keeps spreading all around, destroying the parts it touches, and making the ulcer very painful.

§ 21. Such ulcers can only be cured by the systematic use of the antipsorics. *Nux.*, *Merc.*, *Ferr.*, *Arn.*, *Rhus t.*, *Bryonia*, *Arsenic*, *Puls.*, etc., are not sufficient, and do not prevent the breaking out again of the healed ulcer. The best antipsoric specific for both kinds of ulcers is the tincture of *Sulphur*, first attenuation, one dose, morning and evening. It is an admirable remedy for varices, and likewise corresponds to the psoric miasm which is the root of phagedenic ulcers. Sulphur removes the itching and burning, and the inflammation around the ulcer, in a few days, though it generally takes a number of weeks to cure the ulcers.

If the ulcer bleed readily, with stinging and burning pains in the ulcer, intense inflammation, hard and sensitive edges, tendency to turn black, increase of pain in the cold, *Arsenicum* should be given in repeated doses. Sometimes, particularly when the Arsenic ceases to affect the ulcer favourably, *Sulphur* or *Hepar sulph.* has to be given. The latter remedy is indicated when the patient experiences a burning and gnawing or a throbbing pain in the ulcer at night, when the ulcer bleeds readily, and a putrid smell emanates from it; *Sulphur* is likewise indicated when the ulcers arise from abuse of Mercury, or when they are of a cancerous nature, with stinging-burning pain.

Lachesis has proved a valuable remedy when the ulcer had a spongy appearance and a burning was experienced in it on being touched. *Kreasotum* is sometimes useful when the ulcer showed a tendency to become gangrenous, (in which case *China* deserves to be considered,) or when it discharged a putrid, fetid ichor. There are several other remedies which

I have not used much: *Lycopod.*, *Carbo veg.*, (corresponding to Arsenic,) *Asa*, *Graphites*, *Acidum phosphor.*, *Silic.*, *Mezereum*, *Psoricum*. The last-named remedy may prove valuable when the psoric origin of the ulcer can be distinctly traced. It should be given at long intervals, followed by Sulphur. It may be well to interpolate occasionally a dose of *Nux*, to quiet the nervous irritability of such patients.

This is all I know of the treatment of varicose and phagedenic ulcers, though I am willing to admit that other physicians may be in possession of a more enlarged experience in reference to that subject, and many observations recorded in our books and journals may have escaped my memory.

§ 22. *Strophulus confertus.*

This disease arises in consequence of the increased vascularity and irritability of the skin, and is proximately occasioned by an irritation of the intestinal canal or gums. Such an irritation of the intestinal canal is occasioned by over-feeding or by irregular diet on the part of the mother while nursing. The eruption consists of clusters of small red pimples; it generally breaks out in the face and befalls children of from four to five months. If older children should be attacked, the eruption appears likewise on the hands, arms, shoulders, in the loins, and the pimples are so densely crowded that the skin appears red. In about a fortnight the pimples become pale, scale off, and disappear gradually unless new ones should make their appearance. The eruption is accompanied with fever, the skin of the patients is burning, they drink a good deal, cry out suddenly, thrust their hands into their mouths, start during sleep, or even when awake the slightest noise causes them to start; they refuse the breast, have diarrhœa, etc.

§ 23. No treatment is required for this eruption; guard the infant from cold, and wash it frequently with tepid milk and water. If the abdominal functions should be disturbed, *Ipecac.*, *Puls.*, *Rheum.*,

Chamom., *Antim. crud.*, *Tart. emet.*, etc., may be administered in accordance with the symptoms; if the nervous functions, *Acon.*, *Coff.*, *Bellad.*, *Ignat.*, etc. For the more detailed indication of these different remedies, I refer the reader to the first part of this work.

§ 24. *Eczema.*

This eruption consists of small, acuminated, not confluent vesicles, with violent itching and pricking. The humour which is contained in the vesicles is either transparent or opaque, and dries up into thin scales.

This eruption appears in irritable individuals, and is occasioned by a variety of internal and external irritating influences. It appears either on single parts of the body, or all over. In men the eruption is more particularly seated on the inner sides of the thighs, in the axillæ, and on parts of the skin where the greatest number of mucous bursæ are situated. The eruption resembles miliaria, from which it is distinguished, however, by the absence of fever and of any other symptoms of constitutional disturbance, provided it is not too general. When appearing on the hands and fingers, it is easily confounded with scabies, from which it is distinguished by a more regular distribution of the densely-crowded vesicles, and by the fact that there is more pain and burning, and that the eruption never terminates in ulceration. Authors distinguish three different kinds of eczema, depending upon the different causes which excite it:

1. *Eczema solare*, breaking out in parts which are directly exposed to the rays of the sun or the heat of the fire. The eruption lasts from three to four weeks, or even for several months if new vesicles should keep forming, and in irritable subjects it may even last until the rough winter-weather sets in.

2. *Eczema impetiginoides*, is occasioned by the constant influence of irritating, acrid substances, spices, lime, cantharides, etc. Every single vesicle is surrounded with a halo, which, however, remains distinct

from the neighbouring ones. The vesicles break after the lapse of four or five days, and discharge a substance which reddens the subjacent skin and causes a stinging, burning pain.

3. *Eczema rubrum* s. *mercuriale, erythema mercuriale, hydrargyria.* This variety is caused by the abuse of mercury. The treatment will be described in the chapter on syphilis.

§ 25. In treating this eruption, the cause which had excited it must be carefully avoided. The burning can be alleviated by washing the affected parts with a tepid, slimy solution. I am not acquainted with any remedies which might be considered specifically adapted to that disease; those which I have been in the habit of prescribing, are: *Ars., Cantharid., Ranunc., Nitrum, Bryon., Rhus t., Mercur., Camphor, Sepia, Staphys., Thuja., Oleand., Sulphur.*

§ 26. *Acne.*

This eruption consists of isolated, hard, inflamed tubercles, which sometimes continue a long while, and ever terminate in partial suppuration. They generally break out in the face, on the forehead, temples, chin, sometimes on the neck, shoulders, upper part of the chest, but are rarely seen on other parts of the body. The slow course which the single tubercles run, allows of the changes they undergo being observed; when the eruption is very acute, the vestiges of the former tubercles are yet visible when new ones make their appearance. The eruption appears principally in persons of a sanguine temperament, between the ages of from 20 to 30, or 35 years; in some cases it breaks out after that age. It is most violent in young men, but attacks likewise females.

There are four varieties:

1. *Acne simplex:* single, not numerous, little inflamed tubercles, which scale off and leave some roughness. If the pimples become inflamed without suppurating, purple spots remain for some time after the scaling off has taken place. A large number of those tubercles become inflamed, after which they

become raised, look red and smooth, are rather hard, glossy, and painful when touched ; at last pus is observed in their tips, which gradually changes to a thin crust. Sometimes the eruption appears on single parts of the body, at other times the whole body is covered with it ; it shows itself after a copious meal, after drinking much wine, or it is caused by an indigestion, or by violent exercise in a hot temperature.

It is very difficult to cure this disease ; patients are seldom willing to be under treatment long enough to get well. The eruption generally shows itself at the age of pubescence ; it never disappears of itself, not even with the most careful diet, and the patients, knowing this, do not mind transgressing the dietetic regulations of the physician, and retarding the cure by this neglect.

The remedies which seemed to me the most suitable to the cure of this disease, are the following : *Cantharides*, particularly when the itching vesicles or pimples burn on being touched, and appear principally on the chin and lips. *Staphysagria* for stinging-itching pimples, with pain, when touched, as if from subcutaneous ulceration, changing again to the former sensation after scratching. *Sulphur*, one of the principal remedies for this kind of eruption, when the round little blotches are covered with white-yellowish scurfs. *Capsicum* is likewise a suitable remedy for the last-mentioned class, when the pimples appear more particularly around the lips. Other useful remedies are : *Ant. crud.*, *Mezer.*, *Dulc.*, *Natr. mur.*, etc.

§ 27. *Acne punctata.*

This variety is very frequent. It consists of a number of black points, which, when pressed upon, discharge worm-shaped indurated mucus, or a fatty substance which had assumed a vermicular shape in the follicles, and the outer extremity of which had turned black by the contact with the air or dust.

The best remedy for this eruption is, to be very particular in regard to diet ; the patient may more-

over take, from time to time, a dose of *Sulphur*, *Sepia*, or *Nitric acid.*

Acne indurata: This eruption is essentially the same as Acne simplex, and requires the same kind of treatment.

§ 28. *Acne rosacea, Gutta rosacea.*

This eruption commences at the tip of the nose, whence it spreads over the face, cheeks, as far as the chin. The eruption forms in this manner: The skin becomes red, firmer and tougher; bundles of engorged veins make their appearance; after which, pimples of the size of a lentil or pea start up, which gradually suppurate at the tips, and are finally covered with a scurf. In the morning, the skin looks pale, becomes redder as the day advances, and looks especially fiery and flaming after taking wine or a copious meal. Finally, the skin becomes rough, cracks, and the nose looks as if it were composed of several parts. The disease is more frequent with old people, or with persons that have passed the age of forty. It is frequently accompanied with derangement of the digestive functions, and blind piles; the disease is therefore very apt to befall individuals that drink a good deal of sour wine, in consequence of which they suffer of acidity. Such individuals are very much inclined to venous congestion, and frequently suffer in later years of some disease of the heart.

Treatment: Without the most careful diet, the patient cannot possibly get well. He should carefully avoid all stimulants, and should confine himself to vegetables and water. If the patient should have confirmed himself in spirituous drinks, he must leave them off very gradually, lest any sudden privation should be followed by unpleasant consequences.

The principal remedies are: *Carbo animalis*, which is preferable to vegetable charcoal, and is an excellent remedy, not only when the eruption is confined

to the nose, but likewise when it has spread over a larger surface, and causes a violent burning pain. If the face be covered with the eruption, if the affected parts look bright-red, and a disagreeable burning be experienced in these parts ; or for single, round, red spots and pimples, (in the latter case *Cali carb.* is a good remedy,) *Arsenicum* is an excellent remedy. *Veratrum* will always prove advantageous when red spots are making their appearance, with white pimples gradually starting up from them. The same rule applies to *Cannabis*, except that this remedy is more particularly indicated by a copper redness without eruption, and by considerable swelling of the nose. *Acidum nitris* is indispensable when the copper redness spreads over the whole face, or when the disease arises from syphilis, in which case the eruption spreads as far as the borders of the hairy scalp. *Thuja* deserves a preference over all other remedies when the eruption is principally seated under the nose and around the chin. *Acidum phosphor.* is useful when the eruption is confined to the cheeks and nose, and when the red pimples are filled with pus, and painful to the touch. In many cases, *Phosphorus* is more efficacious than the acid. Some say that *Euphrasia* is a good remedy when the eruption consists of single large pustules shooting up here and there. *Silicea* is an excellent remedy when a beating pain is experienced in the inflamed part where vesicles and pimples form. *Ledum palustre* is useful for pimples and boils on the forehead, red pimples in the face, with stinging pain when touched ; and for pimples on the forehead like those which are seen on the faces of drunkards. Other good remedies are : *Ruta*, *Aurum*, *Kreasotum*, *Sepia*, *Petroleum*, *Plumbum*, *Sulphur* and *Acidum sulphuricum*, *Capsicum*, *Clematis*, *Psoricum*, etc.

§ 29. *Lichen simplex.*

All the varieties of this eruption are preceded by febrile symptoms, chilliness, heat, coated tongue, bitter taste, nausea ; these symptoms generally disap-

pear after the eruption has made its appearance. The eruption first shows itself in the face, in the shape of red spots, from which pimples start up, either single or in clusters, with prickling and stinging, particularly at night; the pimples generally scale off, and sometimes return again. From the face, the eruption spreads over the neck, trunk and extremities. The skin under the small scales looks red, particularly in the joints. The eruption lasts from three to four weeks, but if new pimples continue to appear, it may last several months. The disease is most frequent in summer; it becomes more obstinate in proportion as it appears more frequently. It is sometimes confounded with measles, scarlatina, scabies, and porrigo.

For the first symptoms no treatment is required except what has been pointed out in No. 40 of the first part of this work. After the removal of those symptoms, the physician will easily be able to decide whether the remaining eruption requires further treatment, or will yield to nature. If the disagreeable prickling and stinging should still continue, a few doses of *Sulphur* will be sufficient to remove the eruption. In obstinate cases, when the eruption reappears several times in succession, Sulphur alone is not sufficient, and *Conium*, *Carbo veg.*, *Ammon. carbon.*, *Arsenic*, *Strontian*, *Acid. phosph.*, have to be employed, the latter remedy more particularly when the pimples appear in clusters. *Calc. carb.*, *Staphys.*, *Agaricus musc.*, etc., are likewise useful.

The other varieties of Lichen, such as lichen pilaris, lichen circumscriptus, lichen agrius, etc.. require the same kind of treatment as the one described above.

§ 30. *Psoriasis.*

In psoriasis simplex, small spots of the size of a lentil first make their appearance, of a dingy-red colour with a brownish tinge, raised on the skin, and of a firm feel. Small vesicles of the size of a pin's head

start up from those spots, and soon break; the contents which those vesicles discharge, soon change to a crust composed of several lamellæ. Other vesicles form around this crust, likewise breaking like the former, and forming new crusts, so that, at the end of a fortnight, the eruption covers a surface of the size of a hand. The eruption generally extends from the chest or back. If neglected, this eruption spreads over the whole body, except the parts that are covered with hair. It is most frequent at the age of pubescence.

P. inveterata, or abdominalis, (because it is generally accompanied with abdominal sufferings or derangement of the portal system,) is the most distressing. It only attacks persons of an advanced age, suffering with gout or piles. If such persons take cold or get wet, they are attacked with the above-mentioned spots, which spread rapidly, and become covered with crusts, and are traversed by deep cracks in which pus is secreted; the eruption sometimes breaks out on the palms of the hands and soles of the feet, where the cracks sometimes are a few lines wide, and cause a violent tension and burning, accompanied by sleeplessness and great debility.

§ 31. *Conium* is one of the principal remedies for psoriasis simplex, particularly when the eruption has assumed the form of scales and scurfs, with stinging itching, and extending over the whole body. Next to Conium is *Sulphur*, particularly at the commencement of the eruption, when the peculiar sensations which characterize the action of Sulphur prevail. *Dulc.*, *Acid. phosphor.*, *Phosphor.*, *Kali nitr.*, *Acid. nitr.* and *Clematis*, also *Psorin* and *Mercur.*, are useful remedies.

In psoriasis invet. a few doses of *Sulphur* are indispensable, were it for no other reason than because it corresponds to the subjective symptoms. If these symptoms should be very marked, Sulphur has to be continued for some time. The physician has of course to determine how long. The next best remedy is *Lycopodium*, particularly when the crusts are traversed

by deep and painful rhagades secreting pus. If the eruption should get worse under the action of Lyc., if it should increase and become ichorous, *Sepia* is a good remedy. *Merc.* and *Nitric acid* are to be used when the eruption has a syphilitic or mercurial-syphilitic origin. *Sulphur* springs are most certainly very useful for such eruptions. For the deep and frequently painful and burning rhagades on the hands and feet, particularly on the margins of the fingers and toes, I have almost always employed *Hepar sulph.* with success; when Hep. was not sufficient, *Sarsaparilla*, and when this remedy failed, *Arsenic.* When bakers and persons that work in dry and dusty substances are attacked with this trouble, *Silicea* and *Graphites* were found the best remedies, sometimes *Aurum.*

For the rhagades of the lips, such as are frequently observed in children, *Puls.*, *Mez.*, *Acid. phosphor.*, *Zinc.*, *Arnica*, *Ignat.*, *Merc.*, *Natr. mur.* For rhagades of the nipples, I give *Sulphur* and *Graphites.*

For scurf around the eyes, *Merc.*, *Sepia*, *Phosphorus*, *Iod.*, *Lycop.*, *Natr. mur.*, *Staphys.*, etc., are good remedies.

§ 32. *Herpes.*

A vesicular eruption, non-contagious, running in most cases a regular course marked by growth, maturity and decrease, and terminating in from 10 to 12 days or a fortnight. The eruption, when considerable, is sometimes accompanied by great constitutional derangement, sensation of heat and prickling, and sometimes by intense, deep-seated pain in the affected parts. The lymph in the vesicles, which is at first clear and colourless, becomes gradually turbid and thick, sometimes changing even to crusts; in some cases a considerable quantity of lymph is discharged, giving rise to large sores. Bateman adopts the following classification of this disease.

§ 33. *Herpes phlyctænodes.*

This eruption is preceded by a slight fever which

lasts a few days, after which irregular groups of vesicles make their appearance, which are filled either with a colourless or brownish lymph. In a few days new groups break out. The place where the vesicles appear is not definite, but it is perfectly certain that there are seldom more than two or three groups at first. The fluid in the vesicles soon becomes turbid, and on the fourth day, or thereabouts, the inflammation around the vesicles becomes more intense; they break, discharge their contents, and then become covered with yellowish crusts, which fall off after the lapse of 8 or 10 days, leaving a red, sensitive surface which assumes very slowly a healthy appearance. The eruption lasts a fortnight, new vesicles making their appearance all the time. The eruption causes a good deal of burning, itching and stinging, particularly in a warm room or bed.

The eruption is almost always accompanied with an erethic fever, and the reproductive functions are likewise suffering. For the precursory symptoms, I refer the reader to the first part of this work. I ought to state, however, that *Belladonna* and *Mercurius* seem excellent remedies when the skin begins to show symptoms of irritation, though they are likewise suitable without this symptom, provided the remaining symptoms correspond.

If the eruption should nevertheless make its appearance as above described, the following remedies will have to be used: *Calomel*, first trituration, when the lymphatic vessels which run from the place of the eruption look like inflamed cords; *Natrum mur.*, the principal remedy according to Hahnemann and Stapf; *Ammon. mur.*, *Mez.*, *Clematis*, *Canthar.*, *Hepar sulph.*, *Ranunc. bulb.*, *Phosphor.*, *Arsenic.*

§ 34. *Herpes circinnatus.*

This eruption is formed of small circular spots, from whose border small roundish vesicles, upon a slightly inflamed basis, start up close to each other, sometimes forming a wreath. They are filled with a

substance which is first clear, and afterwards looks straw-coloured. The vesicles break in from three to four days, and form dark-yellow, brownish-looking crusts, round which a new wreath of vesicles makes its appearance, which runs the same course. The skin in the centre looks rough, cracked, dark-red, and peels off. The general health is scarcely ever disturbed, but the patient complains of a disagreeable itching and burning. This variety is frequently seen in children; it frequently lasts the whole summer, disappears in winter, and returns again when the mild weather sets in.

This eruption frequently disappears of itself in from 8 to 10 days. When it lasts the whole summer, it is best to interfere with medicine. I have sometimes cured the eruption with a few doses of *Sulphur*, followed towards the end of the cure with a few doses of *Sepia;* these remedies sometimes prevent the recurrence of the eruption the next year.

Herpes labialis is very similar to herpes circinnatus; it disappears of itself in a few days.

§ 35. *Herpes præputialis.*

The patient first perceives a burning and itching in the prepuce; soon after, one or more spots make their appearance, from which a number of small, very transparent vesicles start up close by each other; they increase in size in from 24 to 30 hours, after which the fluid which they contain becomes turbid and milky. They become confluent on the third day, and are then like pustules. The vesicles which are seated on the inner, damp surface of the prepuce, break for the most part on the fourth or fifth day, generally in consequence of friction, and then form slight sores. These vesicles are seated upon a spot of a darker redness than the surrounding skin, and are somewhat raised on the skin. After breaking, an excoriated surface is perceived, constantly secreting an ichorous fluid, whilst the surrounding mucous membrane secretes a yellowish, fetid, gonorrhœal mu-

cus (balanorrhœa), in consequence of which phimosis or even paraphimosis may arise.

Chancre is distinguished from herpes præputialis by the following characteristic appearances. In chancre only one vesicle starts up, of the size of a pin's head, of firm consistence; whereas in herpes we observe red, raised surfaces, with small, rapidly breaking, not very conspicuous vesicles. The chancre is not raised on the skin, nor does it develop itself as rapidly. The difference is more obscure after the chancre had been treated with mercurial ointment. The disease attacks men with a long prepuce, who had formerly been suffering with herpes or scabies, and in whom a considerable quantity of smegma is secreted.

Cleanliness is the first step toward a cure. When the herpes is external, the affected parts should be enveloped with a piece of linen covered with althea-ointment; for internal herpes, injections of tepid milk or a decoction of althea have to be resorted to, and the parts should be carefully cleansed after urinating. For herpes which is seated on the inner surface of the prepuce, *Merc. præcip. rub.*, first and second trit., morning and evening, is the best remedy; this may be followed by *Nitric acid*, if the former remedy should not remove the disease in three days, or should give rise to violent itching. *Acid. phosphor.* is preferable when the eruption is more concentrated around the frænulum. When seated on the outside, *Hep. sulph.*, *Silic.*, or *Sepia*, and particularly *Petrol.*, are indicated; the latter remedy more especially, when the eruption is accompanied by constant diarrhœa.

§ 36. *Ecthyma*, or *Rhypia.*

This kind of herpes is the same as the former, except that in ecthyma the eruption is seated upon a dingy-red, and in herpes præp. upon a bright-red basis. The treatment is the same.

Impetigo. This eruption is not contagious, nor is it

accompanied by fever; it is seated upon a bright-red basis, which sometimes has a violet or purple-red tinge. Groups of small vesicles, not very circular at their basis, and somewhat acuminated, start up; they are filled with pus, break, and then form a crust. There are several varieties of impetigo, all requiring a different treatment.

§ 37. *Impetigo figurata.*

This variety includes the variety termed impetigo sparsa, which requires the same kind of treatment.

Imp. fig. first appears in circumscribed spots of various shapes, generally small and round at the upper, but large, oval and irregular at the lower extremities. They rest upon a dark-red, purple-coloured foundation, from which start a number of yellow pustules, that break in a few days; then the skin appears very tight, and exhibits a number of foramina corresponding to the single vesicles. These foramina discharge an ichorous fluid, which corrodes the surrounding parts, causes a good deal of itching, heat, and pain, and afterwards changes to a yellow or dingy-green scurf. If these sores heal, the healing proceeds from the centre, the scurfs fall off within three or four weeks, and leave a rough, somewhat thick and brittle surface, which is disposed to crack and to become excoriated. In this way the disease is sometimes prolonged for several months. The disease frequently disappears in the winter, and returns again next spring; it most frequently befalls bakers and millers, and is more frequent on the upper than the lower extremities. In old people, the lower extremities are generally affected, and the eruption is accompanied with derangement of the digestive organs.

One of the principal remedies is *Sulphur*, particularly if given in sufficient quantity, and if sufficient time be allowed for each dose to act. Sulphur is not counter-indicated by an inflamed basis, and the burning and itching point to Sulphur most undoubtedly,

Graphites is clearly related to Sulphur; impetigo fig. seems to be the specified sphere for the curative action of that medicine. If the eruption should be seated upon an inflamed, bright-red foundation, with violent tensive pain, a few doses of *Belladonna* should be administered before any other remedy is given. If the inflammation should be accompanied with considerable suppuration under the crusts, and if the eruption should show a tendency to spread, *Mercurius* deserves a preference. In old people, impetigo on the legs is very apt to assume a putrid character, with burning pain all around; the remedy is *Acidum mur.*, in repeated doses. If a good deal of corrosive should be secreted, *Mercurius*, *Conium*, and *Carbo veg.* are good remedies. *Sepia* is a distinguished remedy when the eruption is very moist, with itching and burning. Even *Chamom.*, *Puls.*, *Rhus t.*, *Viola tricol.*, *Colocynt.* or *Asa.*, *Silic.*, *Arsen.*, *Calc. carb.*, *Acid. nitr.*, may be indicated by the symptoms. The parts should be kept clean, and should be covered with a little cream or sweet oil.

§ 38. *Impetigo rodens.*

This eruption is not very frequent, but obstinate, and is sometimes confounded with cancerous, syphylitic ulcers. This eruption is chiefly seated where the wings of the nose join the cheeks. A dark spot first makes its appearance, with violent burning, from which several acuminated pustules start up, breaking in a short while and forming a thick, green or brownish crust, under which the destruction of the soft parts continues. Not only the integuments, but even the muscles and cartilages are destroyed, (the bones never,) and enormous deformities are thus occasioned, which never disappear. The surrounding skin is very tight, the epidermis cracks and scales off. In females, the disease sets in before the age of pubescence, and is accompanied by derangement of the menstrual functions. The disease sometimes affects

the breasts. Men are likewise liable to that disease, without any syphylitic taint being present.

The remedy from which I have derived the greatest success in the treatment of this disease, is *Staphysagria*, in repeated doses. *Phosphorus*, *Sepia*, and *Mezereum*, seemed to be less efficacious even when indicated by the symptoms. In one case the cure seemed to be most promoted by the *hydriodate* of *potash*, and in another again by *Staphysagria*, together with a vapour-bath every other day. In females, the remedies have to be chosen with reference to the menstrual functions.

§ 39. *Sycosis.*

This eruption is of the class "porrigo." It consists of clusters of inflamed, dark-red, frequently confluent, fleshy tubercles, breaking out in the region of the whiskers, and on the borders of the hairy scalp, and discharging a kind of ichor. Authors distinguish sycosis menti and s. capillicii.

Sycosis menti is characterized by irregular, circular groups of blotches of the size of a pea, bright-red, conical, hard, and very painful. After the lapse of from 8 to 10 days, pus is seen in the tips of most of the pustules; this is discharged in a few days, and forms a crust which causes the hairs of the beard to adhere, and makes it impossible to shave. The disease generally commences at the lower lip, whence it spreads towards the neck and ears.

In syc. cap., the blotches appear likewise in circular groups, but are softer and more acuminated than in the former variety; the suppurative process is more rapid and more penetrating; the pustules run into each other, forming a rough, ulcerated surface, which looks like the contents of a fig, and secretes a humour with an offensive, rancid smell. This variety first appears on the posterior border of the hairy scalp, whence it spreads towards the temples and ears, sometimes following the borders of the hairy scalp. Sometimes the hairy scalp itself is covered with the

eruption, in which case the ear swells, becomes red, is covered with a similar eruption, and even a discharge of pus takes place from the ear. Both varieties appear most frequently during manhood, and are very often accompanied with derangement of the digestive functions.

§ 40. *Ars.*, *Led.*, *Staphys.*, *Thuja*, *Spigelia*, *Hep.*, *Silic.*, *Sulph.*, *Ammon. mur.*, *Magnes. mur.*, *Graph.*, *Carb. an.*, *Cic.*, *Con.*, *Oleand.*, etc., are the best remedies for this disease.

I have found *Arsenic* more efficacious than any other remedy, particularly when the eruption on the back part of the head had covered a good part of the hairy scalp, and the hair presented an appearance as in plica polonica ; the smell was penetrating, musty ; the lice, itching, and gnawing, were intolerable ; sleep disturbed. *Ledum* is an excellent remedy when the blotches extend along the border of the hairy scalp on the forehead, as is frequently seen in drunkards. Next to this remedy is *Conium*, when the blotches increase to a tolerable size and are painful to the touch. *Hepar s.* is a good remedy in both varieties, when the eruption is sore to the touch. In the former variety, *Thuja*, *Sulphur*, *Carbo*, *Oleander*, etc., will be found particularly suitable, together with the above-named remedies.

These few remarks on the treatment of cutaneous eruptions are not sufficient, but they embrace everything which I am at present able to offer. Our provings with respect to eruptions are exceedingly imperfect, and it will require the united efforts of all the good men in our profession to supply the deficiency.

TENTH CLASS.

§ 41. *Scrophulosis* and *tuberculosis.*

According to modern pathologists, scrophulosis and tuberculosis are identical. The morbid product by which those diseases are characterized, contains a good deal of albumen and caseine; it is cellular, the cells being very imperfect, and breaking down easily.

In describing the treatment of those two forms of disease, I shall preserve their different nomenclature, and shall first speak of

(a). *Scrophulosis.* This class is very extensive, and is characterized by the following properties.

1. *Scrofulous disposition.* Scrofulous parents always give birth to scrofulous children. A scrofulous constitution is indicated by the following appearances: large head, particularly the occiput; short, thick neck; sunken temples; broad jaws; puffed face; frequent swelling-up of the upper lip and nose (principal symptom); blond hair; fair skin with red cheeks; generally blue eyes and large pupils; plethoric, full habit; flabby, spongy flesh; distended abdomen; frequent bleeding of the nose, and continual accumulation of mucus in the lungs, trachea, nose, and intestinal canal; worms; irregular stool, the bowels being at times constipated, at others loose; animated disposition, with premature development of the mental faculties; retarded development of the body, such as slow dentition, etc.

2. *Fully developed scrophulosis.* The most characteristic symptoms are: Glandular swellings and indurations, first on the neck below the jaws, on the nape of the neck, afterwards in the axillæ, groins, and finally all over the body; the swellings are at first soft, painless, moveable; afterwards they become harder, larger, painful, inflamed, and, finally, suppurate and form

scrofulous ulcers. Glandular swellings likewise take place in the interior of the body, particularly in the mesentery, lungs, also in the liver, spleen, and even in the brain; glandular organs, particularly the eyes, are frequently in a state of inflammation, (scrofulous ophthalmia); other symptoms of scrophulosis, are: frequent, chronic blennorrhœa (otorrhœa, fluor albus); cutaneous diseases (achores, favus, tinea); tetters; constant distention of the abdomen; lymphatic swellings; extravasations; indurations; scirrhus; swelling of bones, (spina ventosa, pædarthrocace); caries. According to Hufeland, cretinism is the most perfectly developed form of scrophulosis. If the disease should last a length of time, it terminates in atrophia mesenterica, tabes scrophulosa, hydrops, (particularly ascites and hydrocephalus,) and cancer scrophulosus, particularly on the lips and face.

§ 43. The course of the disease varies. Sometimes it is confined to childhood, and disappears at the age of pubescence. In the generality of cases, it first breaks out in the second and third year, and is frequently excited by accidental causes or pathological irritations, such as wounds, teething, acute fevers, particularly exanthematic and contagious acute diseases, small-pox, measles, scarlatina, and even by vaccination. In some cases, the disease breaks out between the age of 20 and 50. Spring seems to have considerable influence on the development of the disease, likewise the increasing moon.

Remote causes are: scrofulous or syphilitic parents, or parents that have indulged in excesses of all kinds; nursing from debilitated, sickly, scrofulous or syphilitic mothers and nurses; close, damp, chilly air; uncleanliness; food made of bad flour, heavy, not sufficiently risen; potatoes; abuse of brandy; sedentary life or want of exercise; premature mental exertions; acidity; worms in the primæ viæ, etc. (Hufeland.)

Terminations: 1. Recovery, generally slow, with gradual disappearance of the oxalic or benzoic acid from the urine. 2. Partial recovery, with cicatrices,

leucoma, staphyloma, curvature and disorganization of bones. 3. Phthisis, dropsy. 4. Death, in consequence of one or the other aforementioned diseases setting in.

The prognosis is not generally unfavourable, and depends upon the following circumstances: It is unfavourable in subjects of a scrofulous habit, or when the scrofula was transmitted by birth. The disease is the more difficult to cure, the longer it lasts; the cure is less difficult when the disease is limited; scrofula of the digestive and respiratory organs is more difficult to cure. The prognosis depends a good deal upon the external influences with which the patient is surrounded. When dropsy and phthisis set in, the patient's life is in great danger.

§ 44. *General treatment.*

It frequently takes months and years to cure this disease. If the same remedy should have to be used a long time, we frequently have to interrupt the use of the agent for some time, lest the organism should lose its sensibility to the action of the drug. The diet requires to be attended to; it must be nutritious, and yet light; not too much meat, and a proper admixture of vegetables, such as carrots, parsnips, etc. The patient's beverage should be pure water, light beer, etc. A pure, healthy air is indispensable, particularly country-air in a dry region; the patient should use as much fresh air as possible, and have his room properly ventilated; cleanliness is indispensable, frequent change of linen, etc. Exercise is required, and the patient should wash himself with cold water all over every day, and use a tepid bath every other day, with a little soap or malt.

Besides the above-mentioned general hygeinic means, I have frequently employed *Cina* with success for the purpose of eradicating a scrofulous disposition. In other cases, *Belladonna*, not too low. After Belladonna, a little of the disease sometimes remained, for which I sometimes gave *Ferrum acet.*, sometimes *Cinchona*. Those remedies were administered at long

intervals. *Arsenicum*, *Calc. acet.*, *Rheum*, *Nux v.*, *Ignat.*, *Puls.*, etc., have likewise proved more or less useful. *Sulphur*, particularly the triturations, *Calc. carb.*, *Aurum metallicum*, and *Magnesia carb.*, are the principal remedies for the removal of a scrofulous disposition. These remedies, and, moreover, *Sepia*, are likewise useful, when the disease has developed itself and is characterized by the following symptoms: The upper lip is frequently found swollen and pale, even indurated; this condition, with the whole disease, frequently yielded to *Dulcamara*. In some cases, *Bovista* was required. In most cases, *Silicea* will be found preferable.

I have derived essential benefit from *Oleum jecoris aselli* in every form of the disease, especially in the precursory stage, when no particular organ was yet affected: the patient looked pale, emaciated, the muscles became flabby, the patient showed an aversion to meat and vegetables, and wanted to eat bread and butter all the time. I gave it in teaspoonful doses, morning and evening, almost always with success. In scrofulous affections of bones it likewise proved useful, but less so in other forms of the disease.

The symptoms of a morbid assimilation and nutrition become more and more visible. Flatulence, constipation, discharges of tenacious, slimy, clayey substances, worms, set in. The development of the body is disturbed. Dentition is slow, retarded, irregular; (for troublesome teething, when there was a constant irritation about the gums, I always gave *Calc. carb.*, which removed the difficulty in a few days;) the bones remain soft, and the muscles weak, longer than usual. The mental development is premature, there is considerable itching of the sexual organs, even in little children, the sexual instinct is prematurely developed, mucous discharges from the vagina take place. Cutaneous eruptions likewise make their appearance at an early age.

§ 45. We now come to speak of the more developed disease.

At first, it appears like an affection of the lymphatic glands. The lymphatic glands and vessels, particularly on the neck and nape of the neck, become swollen and indurated. In old people, the inguinal glands are principally affected, whence the disease spreads to the uterus and prostate gland, occasioning many striking and troublesome morbid states.

The glands swell slowly, from the size of a pea to that of a pigeon-egg. These glandular swellings are even observed in the axillæ, groins, extremities, mesentery, etc. Scarcely ever a single gland is swollen, generally several together, between which the lymphatic vessels become likewise hard, and feel like a knotty thread. The swellings are at first soft and movable, afterwards hard and fixed. They remain generally painless until inflammation sets in, leading to suppuration or greater induration.

The symptoms which existed in the precursory stage, generally remain. The child complains of acidity of the stomach and bowels, digestion and nutrition are greatly disturbed.

§ 46. Beside the above-mentioned remedies, other remedies that have a specific action on the glandular system, are indicated in this stage. *Rhus tox.*, for instance, is one of them, and is principally indicated when one of the cervical or submaxillary glands is swollen, inflamed, and hard as stone, and the other neighbouring glands are less so. The hard gland sometimes disappears in a few weeks. While this gland is becoming softer and smaller, the other glands are apt to become larger and harder, but in the end disappear with the former gland. In one case, such a glandular swelling yielded to a single dose of Rhus, though the gland was so hard and large that the parents of the patient, a child of five years, thought of having the gland cut out. The medicine acted for six weeks, the swelling decreasing from day to day until it disappeared. This case shows that Hahne-

mann's observation to allow a medicine to act as long as the patient is getting better, is correct.

Next to Rhus, I place *Dulcamara*, particularly when the induration of the cervical glands first commenced, in consequence of a cold, or of exposure to a damp, chilly air. These particular circumstances, however, are not required to indicate Dulcamara, for this agent has a specific action on the lymphatic glands, and is particularly indicated when the cervical glands are swollen to the size of a pigeon-egg, when the lymphatic vessels feel like knotty strings, and eruptions on the head and other parts of the body are present.

Conium macul. is an excellent remedy for glandular swellings, particularly when the cervical glands are hard and not quite without sensation, and when the child had swallowed large portions of Mercury and Sulphur, (the specific allœopathic remedies,) through whose agency the glands acquired a schirrous hardness. It is likewise indicated when the glandular swelling becomes worse after an improperly given homœopathic dose of Mercury. *Natrum carbonicum* is likewise an excellent remedy for glandular swellings. This remedy is particularly indicated by the following symptoms: liability to colds, unsteady gait, liability to stumble and slip, emaciation, nervousness and laziness, dread of exercise, starting during sleep as if in affright, profuse night-sweats, hard tubercles on the occiput by the side of the swollen cervical glands.

Spongia marina tosta is capable of removing a swelling of the cervical glands; with tension, pain to the touch, and impeded motion of the neck; likewise painful swelling of the scrotum and spermatic cords of scrofulous boys, particularly when there is a tendency to diarrhœa.

Baryta carbonica is likewise useful in the treatment of painful glandular swellings and scrofulous indurations of the submaxillary glands.

Aurum fol. is required for swelling of the submaxillary glands, when it became painful under the allœ-

opathic treatment with large doses of Mercury, and cutaneous eruptions of various kinds, and general debility, are present.

Lycopodium may prove useful when the swelling of the submaxillary glands extends as far as the angles of the jaws, and the pain is boring.

Besides these remedies, those which have been mentioned for the scrofulous disposition, and for the precursory stage of the disease, are likewise useful in this stage.

§ 47. As the disease progresses, the affection of the lymphatic glands increases, the reproductive system is involved, and secondary affections set in.

The glands become larger and harder, new swellings make their appearance, the abdomen becomes hard and distended, the functions of the abdominal organs, and more particularly those of the intestinal canal, are constantly deranged. Single glands, particularly of the abdomen, neck and extremities, are more frequently inflamed than in the previous stage. In consequence of this inflammation of the mesenteric glands, mesenteritis is apt to set in, and to terminate in the manner which I have described in the first part of this work.

An inflammation of the cervical glands and those of the extremities, is less intense, but equally dangerous; it develops itself more slowly, but induration and suppuration of the glands are apt to set in, and, in individuals with prostrated and worn-out bodies, the induration may even terminate in schirrus. Such an inflammation leads to the formation of scrofulous ulcers, which are always seated in the lymphatic glands, and, by invading one gland after another, occasion a slow suppurative process, characterized by the copious secretion of a thin, lymphatic and rather acrid humour; the ulcers look spongy and unclean, have swollen, pale, hard edges, heal with difficulty, penetrate deeply, occasioning vast destructions of the soft parts, fistula, and even caries.

Secondary affections set in. The conglomerate

glands, parotids, submaxillary and sublingual glands, the thyroid body and the pancreas, even the liver, swell up and become indurated. Deglutition is sometimes impeded, and symptoms of jaundice and dyspepsia make their appearance. Lymphatic organs generally are deeply involved in the progress of the disease. The membranes of the eyes, and the eyelids, are sometimes inflamed: hence blennorrhœa of the meibomian glands, spots and pellicles on the cornea, obscurations of sight, cataract, and sometimes even amaurosis. In this stage, catarrhs and accumulations of mucus are almost always present; the various scrofulous eruptions of which mention has been made in former paragraphs, likewise make their appearance in this stage.

The reproductive process is more and more interrupted; the patient becomes emaciated, atrophy sets in, and in some persons a phthisicky affection of the lungs, with hectic fever, takes place, gradually destroying the patient.

§ 48. Treatment of this stage: If the patient should have been under the care of a homœopathic physician from the commencement of the disease, all that the physician has to do in this stage, is to continue the treatment that had been pursued so far, to employ antipsorics or non-antipsorics, as indicated by the symptoms.

If the treatment, however, should have been conducted by an allœopathic physician, in that case the first thing the homœopathic physician has to do, is to inquire into the medicines which had been used by his allœopathic predecessor, in order to find out which of the existing symptoms belong to the disease, and which to the medicines. If the inflammation of the glands should be very bad, and should require immediate help, the remedies which have been pointed out in the first part for such an affection, may be used. In mesenteritis, *Aconite* should occasionally be given as an intermediate remedy. Before using the antipsorics, the more troublesome symptoms should always be re-

moved first by *Belladonna*, *Mercurius*, *Cocculus*, *Ferrum*, *China*, *Dulcamara*, *Bryonia*, *Hepar sulph.*, *Rhus tox.*, *Pulsatilla*, and, if the reproductive functions should be very much impaired, *Nux vom.*, *Antim. crud.*, *Digit.* and other remedies should be used.

Among the antipsorics, I recommend *Conium*, *Baryta* and *Magnesia carb.*, but, more particularly, *Sulphur*, *Calc. carb.*, *Silicea*, *Phosphorus*, *Sepia*, *Lycopodium*.

For the treatment of scrofulous ophthalmia, I refer to the first part, adding merely that the disease will probably not yield without the use of *Calc. carb.* and *Causticum*, which may be given in alternation with other remedies indicated by the symptoms.

§ 49. In the last stage, the glandular affection and the morbid alteration of the reproductive functions reach the highest degree of development. Even the bones are affected. They become soft and yielding, even curvature sets in. The children are unable to walk properly, they crawl, move about on their buttocks, the legs are bent inwards. The heads of bones become enlarged, swollen; the diaphyses are thin and feeble; the legs become curved, the teeth carious, curvature of the spine takes place, the vertebræ become dislocated, and all sorts of deformities set in. In other cases, the bones and joints become painful, a chronic inflammation of those parts sets in, gradually leading to lymphatic or serous articular swellings, anchylosis and caries. The head becomes, likewise, enlarged in almost every case. The bones of the skull remain soft, open, recede from each other, generally owing to slowly forming hydrocephalus. The presence of these symptoms shows that rhachitis has set in.

The child looks deformed; the enormously enlarged head and abdomen are out of proportion to the rest of the body. The forehead and occiput are prominent; the eyes are deep-seated; the children look old, with thoughtful countenances; the flesh is flabby, and the highest degree of muscular debility is present.

Although the body is decaying, yet the mind re-

mains sound and is even prematurely developed. Scrofulous children have, generally speaking, more judgment and intelligence than healthy children of the same age; dulness or imbecility is seldom seen, except when hydrocephalus is setting in, in which case convulsions, epilepsy, violent headache and amaurosis, supervene.

In this stage of scrophulosis a slow fever is generally present, having the character of a lymphatic pituitous fever. It is remitting, with evening exacerbations, moderate chills and heat, disposition to sweat, particularly on the head and trunk, mucous diarrhœa and great prostration.

§ 50. The prospects of the patient in this stage are exceedingly scanty. No palliative treatment will do now. Whatever remedies are used, must be directed against the totality of the symptoms, with especial reference, however, to the condition of the bones. If a lasting improvement should set in, the patient may yet recover.

A great remedy in this stage is *Belladonna.* It should be given at once, even if the patient had been treated with antipsorics, but without success. Belladonna induces even then a favourable change. It is indicated by a cachectic condition, emaciation, dry skin, bloated extremities and face, distended abdomen and glandular swellings. If Bell. should have no effect, *Ars. album* may prove useful, sometimes even *Puls.*, *Nux vom.*, *China*, *Ferrum*, *Staphysagria*, and other remedies.

If convulsions, epileptic fits and spasms generally should be present, *Ignatia*, *Opium*, *Secale corn.*, *Calc. carb.*, *Caust.*, *Conium*, *Cupr. met.*, may prove of service, provided these medicines are likewise indicated by the other symptoms.

The principal remedies in this stage are, *Aurum* and *Asa fœtida*, then *Silicea*, next to which comes *Mezereum*, *Phosphorus* and *Phosphoric acid*, *Calc.* and *Baryt. Carb.* In some cases, *Merc. vivus* may be used with success; in such inveterate diseases it generally,

however, acts as a mere palliative. Many other antipsorics may be required for the recovery of the patient, which sometimes is the work of years.

For the inflammation of the nose and bones, which sometimes supervenes in scrofulous subjects, I refer the reader to the first part.

§ 51. *Rhachitis, spina nodosa, bifida. Rickets.*

This is a variety of scrophulosis. It generally makes its appearance between the ninth month and the second year, and affects principally the bones. Glisson was the first who furnished an accurate description of the disease in 1650; since then, more attention has been paid to the disease, and it is probably on that account that it has been termed "English disease" by the Germans.

Rhachitis is a morbid alteration of the bones, characterized by swelling, softening, deformity, and induced by an internal morbid process, without any external violence. The symptoms, which are generally described as belonging to the precursory stage of the disease, are simply the above-mentioned symptoms of a general scrofulous disposition.

The following are the general pathognomonic symptoms of the disease: The frontal and parietal bones recede from each other, the fontanelles do not close, on which account the forehead becomes prominent, and the head acquires an unusual size and heaviness; in many cases hydrocephalus sets in. The head descends towards the shoulders, and the child is constantly trying to rest it on one or the other shoulder. Afterwards the long bones become involved; they become soft, the epiphyses swell, the diaphyses become in the same proportion thinner and longer. These swellings are most striking on the radius, elbow-joint, knees, and the lower extremities of the tibia and fibula. Hence the names of double-growth, double-joint, which the Germans give to this disease. The softened bones, yielding to the action of the muscles, are unable to retain their shape. The clavi-

cles become curved, the shoulders stand out, the spinal column is curved, either from before backwards, (cyphosis,) or sideways, and sometimes even in different directions, (scoliosis,) or from behind forwards, (lordosis,) whence a hollow back with protruded abdomen. This state of the bones leads to dislocation of the ribs and pelvic bones, curvatures and deformities of various kinds, and especially curvatures of the lower extremities, at times from without inwards, and at others from within outwards. It is a matter of course that these curvatures and this softening of the bones should finally deprive a child of the use of his limbs; hence the children are constantly seated, or they squat down on the floor, and compress the soft bones more and more. The distortion of the thorax induces asthma, and the abdominal viscera, especially the liver, are constantly compressed in consequence of the children being constantly seated. If the children should afterwards be able to walk, their gait is unsteady, they are constantly tottering from side to side in consequence of the distortion of the pelvis and the curvature of the feet. Sometimes the enlarged bones become inflamed, giving rise to local swellings, (tophi, osteomalacia,) bad suppuration, caries. The above-mentioned symptoms of derangement of the digestive organs, blennorrhœa, cutaneous eruptions, exhausting sweats, etc., now make their appearance, provided they did not exist previously.

Rickets is a very slow disease; it frequently lasts for years, and, if badly managed, leads to malformation of bones, which may be the cause of phthisis, asthma, hydrothorax, miscarriages, unnatural labour, etc.

§ 52. The remedies required for this disease are generally those which have been indicated in the chapters on scrophulosis. A few specifics will, however, be mentioned, after premising the following general remarks.

Children are most frequently affected with this disease. It likewise attacks adolescents, particularly

girls, and sets in so insidiously that considerable deformities take place before the patient is aware of it. According to my experience, scoliosis is more frequent at the age of pubescence than any other form of the disease. Among children, eight in ten generally get well perfectly; whereas, among adolescents, not more than one half that number are cured. This shows that the sooner the disease is grappled with, and the sooner the development of the psoric miasm is arrested, the more chances there are for the patient to get well. This computation only applies to curvatures of the spinal column, without any other symptom being present. If other symptoms should be present, the treatment is still more successful.

Among little children, one of the principal remedies is *Belladonna*, particularly when the abdomen is hard and distended, as is always the case in lordosis, when the child's gait is unsteady and staggering, with flabby muscles, pale complexion, and occasional flushes, sensitive pupil, etc.

The best remedy in every stage of scrophulosis, from a simple glandular swelling up to the most complicated form of rickets, is undoubtedly *Sulphur*. The action of Sulphur in scrophulosis, and particularly rhachitis, is from seven to eight weeks. After Sulphur, *Calc. carb.* should be given in several ounces of water, one tablespoonful every day. It acts well upon swellings and distortions of bones, the improvement sometimes going on visibly for several weeks. *Silicea* is excellent for diseases of the bones generally, and particularly for osteomalacia, tophi, and caries. If Sulphur should still be indicated after Silicea, it ought to be repeated, as the other remedies which might have to be employed act better after Sulphur than they do without.

I have employed with great success, *Brucea antidysenterica*, particularly when the feet were turned outwards, and the children walked on the inner ankles.

Acidum phosphoricum, *Phosphorus*, *Mezereum*, and

particularly *Asa fœtida*, *Nitric acid*, *Lycopod.*, and *Petroleum*, should not be forgot in the treatment of rickets.

For caries and pædarthrocace, I have used with great success, *China*, *Pulsat.*, *Hep. sulph.*, *Staphys.*, *Cuprum.*, *Mercurius*, *Dulc.*, *Rhus t.*, *Asa.*, and *Mezereum.*

To a scrofulous individual that had been suffering for some time past with excoriation of the nostrils and fauces, I gave one dose of *Mezer.* 3, and the disease disappeared entirely in a week.

Hydrocele sometimes supervenes as the symptoms of scrofula develop themselves. Formerly I used to employ *China*, *Mercurius*, and *Digit.*, for that affection, with more or less success. *Silicea* is now my favourite remedy.

According to more recent observation, *Hepar sulph.* is preferable to Sulphur in the treatment of scrofulous affections, though Sulphur is by no means indispensable.

I have performed many beautiful cures with *Psorin.*

§ 53. (b). *Tuberculosis.*

According to Schoenlein, scrophulosis and tuberculosis are not identical, but analogous forms of disease. He endeavours to show this by a comparison of their anatomical and physiological character. If there be a difference between those two diseases, it is probably limited to the distinction made by Hufeland, viz.: a division of the symptoms of scrophulosis in external and internal. In the former case, the glands, lymphatics, skin, and, generally speaking, the external parts of the body, are principally affected; in the latter, the mesentery, lungs, brain and bones. The external symptoms might be looked upon as characterizing scrophulosis, and the internal tuberculosis. However, I shall carefully refrain from taking sides with any existing pathological theory, admitting, however, that Schoenlein's views are well deserving of a careful examination.

Etiology: The development of tubercles is propor-

tionate to the age of the patient; it reaches its acme when the affected organ is fully developed.

Hereditary disposition: Tubercles only begin to form when the organ is fully developed, except in exceptional cases, where the development is excited by accidental causes.

Tuberculous habit: In children with this habit, we notice a remarkable tendency to the formation of carburetted hydrogen gas and pigmentous secretions, either in the shape of mucous patches, or a peculiar colouration of the skin, which is different, however, in the different forms of tuberculosis; in tubercles of the lungs, for instance, the skin is rather brownish; in tubercles of the liver it is greenish, as in chlorotic subjects.

External causes: Suppression of the cutaneous secretions.

The course of a tubercle depends upon the season. In the summer, for instance, the development of the pulmonary tubercle is arrested, whereas it proceeds very rapidly in winter, when the cutaneous secretions are more or less suppressed. It is the reverse with tubercles of the liver: their development is promoted by every cold or inflammation.

Terminations: 1. In recovery, by shrinking or ossification of the tubercles, deposition of earthy substances. 2. In some other disease: phthisis, by liquefaction of the tuberculous substance; dropsy; death. Tubercles of the liver lead more to dropsy, whereas pulmonary tubercles lead principally to phthisis.

The prognosis is unfavourable. It depends upon the duration of the disease. At first, it might, perhaps, be possible to save the patient, provided it were not so difficult to recognise the existence of tubercles from the very commencement. The prognosis depends likewise upon the existing cause: hereditary disposition and a tuberculous habit are very unfavourable; tubercles which come on as a sequel to acute exanthemata, are less dangerous than those which owe their origin to arthritis, scrofula, or impetigo. It de-

pends upon the organ where the tubercle is seated, upon the greater or lesser importance of the organ, upon the extent of the affection, the age of the individual. Young people are in greater danger than old, except when the liver is the seat of the disease. In tuberculous phthisis and dropsy, the prognosis is very unfavourable.

§ 54. *Pulmonary tubercles.*

They are occasioned by various causes, and, according to Schoenlein, are characterized by different symptoms, every variety running a different course, and requiring a different treatment.

The simple pulmonary tubercle is present in individuals with a tuberculous disposition. The patient complains of a dull pressure below the clavicle in the upper portion of the lungs. This pressure varies from time to time, drawing or even tearing pains shoot from the pectoral muscles towards the upper arm, with sensation of numbness and heaviness in the latter part. These pains are generally considered of a rheumatic nature. The patient coughs in the evening on going to bed, and on rising in the morning; the cough being generally dry, spasmodic, with expectoration of a simple, gray tracheal mucus, which is sometimes streaked with blood. Percussion yields a dull, faint sound below the clavicle, or between the clavicle and scapula. This sound being at first limited to a small space, the attempt to percuss the chest has to be repeated several times. The respiratory murmur at this place is very indistinct, sometimes a mucous rattle is heard in the bronchi. The patients lose flesh in spite of a great appetite. The disease generally appears between the ages of 18 and 30; it is less frequent after this period. It is more frequently occasioned by bad nourishment and the abuse of spirits, than by a suppression of the cutaneous secretions. The disease generally terminates in phthisis, preceded by frequent hemorrhages from the lungs. This state is accompanied with hectic fever, which

generally sets in in the afternoon with slight chills, followed by heat and partial night-sweats.

§ 55. *Treatment of the simple pulmonary tubercle.* The patient should live in an equal and warm temperature, wear woollen clothes, and, if necessary, have occasional changes of air. The food should be nourishing, but not stimulating, such as meat without spices, animal food is better than vegetable. His drink should be water, or sometimes a little Selter's water. Bathing in salt water is likewise to be recommended.

Among the remedies for this disease, the principal is *Bryonia.* It is indicated by the rheumatic pains, by the cough, which is spasmodic in the evening, and loose in the morning; the aching pains in the chest, the canine hunger, emaciation, and slow, sometimes intermittent stool.

Belladonna corresponds to the following symptoms: The patient complains of beating, stinging pains under the sternum, and sometimes under the clavicle, particularly when walking, with great restlessness and fluttering of the heart; constant titillation, with desire to cough, particularly in the pit of the stomach, the cough becoming spasmodic in the afternoon, with a little blood-streaked expectoration in the morning. In females, these symptoms are sometimes accompanied with irregular menstruation, the menses being either too profuse, or retarded, or too pale, or entirely suppressed; the bowels are constipated, etc.

Sulphur is an excellent remedy for this tubercle, as well as for tubercles arising from cold drink, from suppression of exanthemata, impetigines, etc. It is my belief that I have lately cured several cases of this kind of tubercles with one, two, or three doses of Sulphur. I say "it is my belief;" for I omitted to resort to auscultation or percussion; I inferred the presence of tubercles from the short, dry cough, which caused a pain in the sternum, and was sometimes so racking, that the patient thought the chest would fly

to pieces, accompanied with a sensation as if vesicles were breaking in the interior of the chest,—asthma, wheezing and rattling being sometimes present; the cough generally set in in the evening, forenoon, or morning. The alvine evacuations were generally irregular, at times diarrhœic, but most of the time insufficient; the patients complained of weakness, became thin, perspired on taking the least exercise, and were easily low-spirited and put out of humour.

Pulsatilla is related to Sulphur, at the commencement of the disease, except that the cough is a little loose in the day-time, dry at night, passing off when the patient sits up, and coming on again when he lies down; there is a sticking pain from the right clavicle to the arm. The bowels are generally loose. The menstrual irregularities afford likewise proper indications for the use of Pulsatilla.

Calc. carb. is an indispensable remedy in incipient tuberculosis. It is indicated by the following symptoms: Lowness of spirits, titillating, dry night-cough, with expectoration of a little viscid, yellow mucus in the morning; sensation as if the lungs could not be sufficiently expanded, as if the chest were too narrow; palpitation of the heart, which reverberates as far as between the scapulæ. Sudden emaciation of otherwise robust patients is likewise an indication for this medicine.

Lycopodium corresponds to most of the above-named symptoms, particularly to a grayish expectoration.

Nux vom. is indicated by a dry, painful cough, with pressure from within on the upper part of the sternum, headache as if the skull would fly to pieces, pain in the abdomen as if bruised; its use sometimes has to be persevered in for a long time. Constipation, bilious temperament, fondness for spirits, are likewise indications for Nux.

Kreasotum is likewise useful, particularly when the above-mentioned symptoms succeed an attack of influenza, accompanied with a wheezing, spasmodic cough, inducing retching and expectoration of a quan-

tity of thick, whitish mucus; the patient complains of a weight on the sternum as if it would be pressed in, the distress striking even to the clavicles, and involving the cervical muscles.

All the remedies which have been indicated for scrophulosis, deserve attention in the treatment of tubercles.

§ 56. *Menstrual and puerperal tubercles.*

I mention this variety merely for the sake of completeness, as the treatment is the same.

The menstrual tubercles make their appearance between the age of 20 and 30; it is peculiar to these tubercles to be seated in the lower lobes of the lungs. The menses are at first scanty, and finally cease altogether, and give place to fluor albus, with menstrual colic, followed in a few days by pain in the stomach, eructations, vomiting, even vomiting of blood. In a few days the affection extends to the chest, occasioning difficulty of breathing, palpitation of the heart, cough, with bloody expectoration which sometimes smells like menstrual blood; this cough generally continues with the other symptoms as long as the menstrual flow lasts. This group of symptoms is moreover accompanied with accelerated pulse, increased temperature of the skin, and thirst. The more frequently these attacks come on, the more the lungs become affected, the intervals between the paroxysms are shorter, disappear finally altogether, until the pulmonary symptoms become permanent, except an exacerbation at the time of the menses. This remark applies to inflammation of the lungs. The disease is excited by suppression of the menses in consequence of cold, exposure to wet, or a sensitive condition of the lungs at the time of the menses. The disease, sooner or later, terminates in galloping consumption, sometimes in from six to eight weeks.

Puerperal tubercles are occasioned in consequence of a suppression of the lochia, cutaneous secretions during confinement, and secretion of milk. They are accom-

panied with stinging pains in the chest within a circumscribed place, generally in the lower lobe of the lungs. A deep inspiration induces coughing, with expectoration of a large quantity of clear mucus, which afterwards assumes a dark-greenish colour. These tubercles likewise suppurate very rapidly, sometimes in from 6 to 8 weeks, occasioning death. (Schoenlein.)

§ 57. In treating this variety of tubercles, we have to select our remedies strictly in accordance with the symptoms. Stimulating foot-baths, with a slight admixture of wood-ashes, salt, soap, etc.; or even oatmeal or linseed poultices to the soles of the feet, may likewise be resorted to during the treatment.

For vascular orgasm in the chest, quick and laboured breathing, palpitation of the heart, with anxiety and restlessness, painful cough, full, hard, hurried pulse, and increased temperature of the skin, give *Aconite*, substituting for it *Belladonna* if the stitching pain in the chest should be more acute, and the brain should be involved. When the vascular irritation is less violent, accompanied with oppression, constrictive feeling in the upper part of the chest, etc., *Phosphorus* is an excellent remedy. The remedies mentioned for pneumonia in the first part of this work, various antipsorics, and particularly *Dulc.*, *Arsen.*, *Spongia*, *Iod.*, *Conium*, *China*, *Ferrum*, etc., after the fever has subsided, are likewise suitable in this disease.

§ 58. *Tubercles arising from cold drink.*

These tubercles are very frequent; they are not easily distinguished at first, and have been first described by Autenrieth. Individuals at the age of pubescence, are attacked with this disease in consequence of taking a cold drink after having become heated by violent exertions. These tubercles set in in company with various symptoms of derangement of the stomach, such as: loss of appetite, pressure in the region of the stomach after taking the least nourishment, disposition to vomit, vomiting. The region of the stomach is somewhat distended, painful to pressure;

the bowels are alternately confined and loose. Patients generally suppose that they are labouring under a simple derangement of the stomach. The remedies which require to be used for this affection, are those which I have mentioned for gastroataxia and gastric fever; under the action of these remedies the gastric symptoms gradually disappear. If the pectoral symptoms should be well-marked, with dry morning and evening cough, difficulty of breathing, asthma; if afterwards slight stinging pains should be felt in the chest; if the cough should become loose, with expectoration of blood-streaked mucus, or pus; if hectic fever and phthisis should set in, then the following remedies deserve a preference: *Arnica*, *Laurocerasus*, *Ferrum*, *China*, *Sabina*, *Millefol.*, *Bryon.*, *Phosphor.*, *Dulc.*, *Drosera*, etc.

§ 59. *Exanthematic tubercles.*

These tubercles occur almost exclusively in young people previous to the age of pubescence; they are occasioned in consequence of the course of some exanthematic disease, such as measles and scarlatina, being disturbed in its last stage. The patients complain of great oppression and heaviness on the chest, shooting pains in the chest; short and panting breathing. Percussion and auscultation yield the usual symptoms. The cough is violent, attended with expectoration of large quantities of a clear, albuminous mucus. The pulse is very quick, hard, rarely tight; the patient sweats profusely, the urine deposits a good deal of sediment; the cheeks are red, circumscribed, glowing, with burning heat in the palms of the hands and soles of the feet. (*Schoenlein.*)

I refer the reader to the remedies which have been pointed out in the first part of this work for measles, scarlatina, erysipelas, and the diseases arising from these acute exanthemata.

§ 60. *Impetiginous tubercles.*

They generally occur in adults between the ages

of 20 and 30, in consequence of the suppression of some chronic cutaneous disease, particularly scabies and herpes. At first the patient complains from time to time, particularly towards evening, of asthmatic attacks, as if the chest were constricted, as if he had to inhale the vapour of sulphur. After a little while, the attack terminates in the expectoration of some phlegm, which is sometimes attended with a little retching. Sometimes the attacks resemble those of globus hystericus. Some time after, generally when the bad season sets in, the patient complains of stinging pains shooting through the chest, from the nipple to the scapula. Cough supervenes; this is permanent, most violent towards evening, with a serous, frothy expectoration mixed with small, crumbling, tuberculous particles, but rarely streaked with blood. The other usual symptoms of tuberculosis are likewise present.

§ 61. The specific remedy for this variety of tubercles is *Sulphur*, the triturations being the most adequate form of the medicine to be used. The cure, however, is impossible, if the disease should be far advanced. Next to Sulphur, *Calc. carb.*, *Phosphorus*, *Hep. sulph.*, etc., are the best remedies. It is expedient, in this variety of tubercles, to apply a pitch-plaster to the chest, and to keep it there for a time, and even renew it. This must have been the variety where Hahnemann saw great use resulting from the application of a pitch-plaster; and if, afterwards, he pronounced these good effects a mere palliation of the disease, it was because he, as well as all other old physicians, had only a general knowledge of tuberculous phthisis, without knowing anything of the precise mode in which the tubercles developed themselves.

§ 62. *Arthritic tubercles.*

They occur between the ages of 50 and 60, in individuals who, in former years, were affected with a fully-developed arthritis, or with mere indications of

the disease, which had disappeared or had become altered in consequence of a cold, etc.

Phenomena: The patient becomes hoarse, complains of a peculiar, burning sensation in the larynx, and down the trachea, accompanied with a constant irritation and urging to cough, and expectoration of a considerable quantity of tenacious, greenish mucus. An oppressive sensation under the clavicle soon supervenes, with decrease of the laryngeal and trachea symptoms. The symptoms of the stomach disappear likewise as the pulmonary symptoms develop themselves. Cough sets in. The expectoration contains mucus mixed with a substance resembling soaked barley; this substance sometimes appears in strings the globules being of a small size, crumbling when pressed upon with the finger-nail, and yielding a grating noise. The urine at first deposits a purple-coloured arthritic sediment, mixed with a rose-coloured acid; afterwards, when the tubercles have commenced forming, the urine clears up again, a slight sediment being at most discovered only in the urine that is emitted after dinner. (*Schoenlein.*)

This variety requires to be treated with the remedies which I have indicated for gout in the first part of this work. The following remedies may likewise prove useful: *Carbo veg.*, *Argilla*, *Phosph.*, *Nitrum*, *Sarsapar.*, *Strontian.*, *Caustic*, *Hep. s.*, *Con.*, etc. The respective indications for these remedies I am unable to furnish.

§ 63. *Hereditary tubercles.*

The parents of such patients either died of pulmonary phthisis or of some disease of the heart. The patients have a phthisicky habit, characterized by the following symptoms: Slender, delicate body; (the last joints of the fingers having sometimes a bulbous shape, and the nails being arched;) long, slender neck, without any prominence of the thyroid body; flat chest, contracted superiorly; the scapulæ are

turned forwards, somewhat wing-shaped; (hence it is that the patients generally stoop;) their skin is of a dazzling white; the cheeks easily become flushed, either by a physical or moral excitement. In childhood, such individuals are subject to frequent bleedings of the nose; afterwards, to attacks of angina, which almost always terminate in suppuration. At the age of pubescence, the chest, which had appeared perfectly sound so far, becomes congested; palpitation of the heart sets in, the chest feels too tight; a sensation as of something warm rising in the chest is experienced; the patients commence spitting blood; afterwards a purulent, crumbling substance is expectorated.

The prognosis in every variety of tubercles is generally unfavourable; impetiginous and arthritic tubercles promise the most; in young people the tubercles are the most to be dreaded.

§ 64. As regards the treatment of hereditary phthisis, I can only say that it has proved unsuccessful in every one of the many hundred cases which I have been called to for the last twenty years. All that I have ever been able to accomplish, was to palliate for a time the sufferings of the patient. Nevertheless it would be wrong to abandon the patient. Hufeland teaches us "never to lose hope or courage; hope excites ideas, elevates the mind to new views, new trials, and sometimes enables us to conquer even apparent impossibilities; he who ceases to hope, ceases to think; apathy and mental paralysis are necessary consequences of despondency, and the patient will necessarily die because his helper had already died before him."

The treatment should begin quite early, even in infancy; but few patients will be willing to be in a physician's hands so long. All the remedies which I have pointed out for scrophulosis, have to be used in the treatment of hereditary phthisis: I refer the reader to them.

§ 65. *Tubercles in the brain.*

According to Schoenlein we distinguish three stages in this disease, the stage of irritation, that of convulsion and the stage of paralysis. The first stage is characterised by the following symptoms: At one spot of the head, the patient feels a dull pressure, and afterwards, around that spot, a more or less violent pain which appears periodically. Vertigo is experienced from time to time. This stage sometimes lasts for months, even years, sometimes only from 8 to 12 days; in this case, however, the inflammatory symptoms round the spot where the pressure is experienced, are much more violent, and the patients spend sleepless nights.

In the second stage, the patients are seized with epileptic attacks, which likewise occur periodically but at irregular intervals. The attacks are not preceded by the aura epileptica, but by an increase of the pressure to the highest degree of violence. The convulsions generally affect one side of the body only, but even if both sides should be affected, the side which is opposite to the seat of the tubercles, is most violently convulsed. After the termination of the paroxysm the patients feel stupefied, fall into a short kind of sopor, and constantly complain of a violent pain at the above described spot in the head. This stage likewise lasts days, months and years.

Third stage: If the tubercles exist only in one hemisphere, only one side of the brain is paralysed; but if the pons variolii should be the seat of the disease, both sides of the brain are paralysed, one however more than the other. Even when paralysis has set in, the above mentioned pressure in the brain and the stinging and burning pain all around, continue. The mental powers flag and a state of idiocy is setting in. The disease does not always run a full course; many patients die in the second stage.

Etiologically and anatomically we distinguish: Cerebral tubercles occasioned by previous gonorrhœa, and resembling gonorrhœal scrofula in external or-

gans; arthritic tubercles which, by analysis yield the usual arthritic salts; menstrual and impetiginous tubercles.

The prognosis is very unfavourable, particularly for the gonorrhœal tubercles; next to these for the arthritic; the menstrual and impetiginous tubercles are the least dangerous. The prognosis depends likewise upon the greater or lesser extent of the pain, and upon the stage.

§ 66. *Treatment.*

The first stage bears a striking resemblance to encephalitis (see first part) and the physician will do well to study the remedies indicated for that disease. The following medicines are likewise of great use: *Cina* for a sensation as if a weight were pressing downwards in one part of the head; *Arnica* for heavy pressure which decreases during rest; *Colocynthis* for a crampy pressure at a small spot, aggravated by stooping and a recumbent posture, sometimes accompanied with nausea and vomiting; *Carbo veg.*, *Arsen.*, *Phosphor.*, particularly for the burning stinging pains around the spot where the pressure is experienced. There are other remedies which may be employed by way of experiment.

The second stage yields less readily to treatment, the whole nervous system being considerably involved. I suggest *Ignat.*, *Bellad.*, *Opium*, *Stannum*, *Cupr.*, *Hyoscyam.*, *Calc. c.*, *Caustic.*, *Cicut.*, *Agar.*, *etc.*

No cure is possible in the last stage, though we may try *Rhus tox.*, *Zinc.*, *Stront.*, *Cocc.*, *Natr.*, *mur.*, *Plumb.*, *Nux. vom.*, *Anac.*, *Stann.*, *Caustic.*, *Silic.*, etc.

§ 67. *Tubercles in the spinal marrow.*

I have never seen a case of this disease. The first stage is characterized by the following symptoms: The patients complain of pressure, with a surrounding inflammation. At a circumscribed spot of the spinal marrow, without any alteration being visible, a burning, stinging pain is experienced which generally fol-

lows the course of one or more nerves. The pains are generally very acute. After a shorter or longer period the parts which receive their nerves from the diseased portion of the spine, become convulsed.

In the second and third stages, the convulsed parts become paralysed. The above-mentioned pains in the spine continue.

Belladonna and *Arsenic* seem to be indicated in this disease. *Cocculus* may prove useful in the second stage; this remedy has evidently some specific relation to the spinal marrow, as results from the splendid cures of paralysis of the lower limbs, which have been effected by means of that agent. *Kali carb.*, and *Caustic.*, ought likewise to be mentioned.

§ 68. *Tubercles in the liver.*

These tubercles occur principally among children. They are very rare, never exist as a primary disease, and take place only as a symptom of an extensively developed tuberculosis, particularly of the abdominal organs. Tubercles in the liver are at first accompanied with dyspectic symptoms, sensation of pressure in the stomach after eating, distention of the region of the stomach, eructations, occasional vomiting of bilious substances and of the ingesta, slow stool with hard and burnt fæces. Occasional pressure in the right hypochondrium, and pains shooting from below upwards. The skin has a dingy gray appearance; the face is bloated. As the pains increase, the liver becomes enlarged, uneven, distended, knotty, painful.

Men are more frequently affected than females, generally between the ages of 30 and 50. The disease appears to be hereditary, particularly among drunkards.

For the treatment I refer the reader to the medicines which have been proposed for gastroataxia, gastric and bilious fevers.

ELEVENTH CLASS.

§ 69. *Phthisis.*

By this term we generally designate a morbid process characterised by the following diagnostic appearances:

Physiological character: 1. In the affected organ a peculiar substance, called pus, is secreted from a diseased surface. 2. In proportion as the secretion of pus increases, the volume of the body diminishes; a large portion of the substances which are required for the support of single organs, are consumed in the secretion of pus, whence the name of the disease "consumption." 3. The other secretions continue together with the secretion of pus; they are sometimes even more copious than before.

Anatomical character: The characteristic symptom in the bodies of phthisicky subjects after death, is the diseased secretory surface. These surfaces vary in regard to shape, structure, density, extent, vascularity, the variations depending upon the kind of phthisis, the exciting cause, and the organ which is the seat of the disease. These diseased surfaces accord generally in this, that they bear a close resemblance to mucous membranes. Symptoms of consumption are likewise observed in other organs, the muscles, for instance; their fat decreases or disappears, they become smaller in size and circumference, they are less solid and compact, etc.

The part which the general organism takes in the consumptive process, is revealed to the senses by a hectic fever, which has a quotidian or tertian type

like an intermittent fever, and sets in, when the following circumstances take place: 1. Dissolution of a pathologically-altered, organic mass, change from the solid to the liquid form. 2. This decomposed pathologically-altered substance must be taken up by the veins and carried to the heart; no hectic fever can take place where the pus is not transmitted to the heart in the manner indicated. 3. The air must have access to the suppurating surface: this circumstance does not, however, seem to be of importance. 4. The nerves of the affected organ and the central portions of the nervous system, must remain connected. (*Schoenlein.*)

The *etiology* is the same as in tuberculosis.

The *terminations* and *prognosis* are so well known, that I do not deem it necessary to recapitulate them here.

Treatment: There is no treatment for phthisis, properly so called. Treatment can only take place as long as the original morbid process has not yet developed itself to a perfect form of phthisis. I will nevertheless endeavour to indicate, with more or less accuracy, a few remedies which I have employed for phthisis.

It is of great importance that the patient should avoid any kind of nourishment which the organism is unable to assimilate. He has to confine himself to light, nourishing, but not stimulating food, in small quantities: fowl, venison, tender beef and mutton, etc.; milk may be used by many, particularly goats' and asses' milk, provided it is not too fat. For his beverage, the patient may use toast-water mixed with the yolk of an egg, a little dilute malt-beer with sugar, etc. The temperature must be carefully regulated, excitements must be avoided, the patient should be encouraged as much as possible, etc.

§ 70. *Laryngeal and tracheal phthisis.*

These two kinds of phthisis frequently appear together; their symptoms are very analogous to each

other. The patient complains either of a prickling, or stinging or burning sensation at one spot of the larynx, as if from a burning coal; sometimes a constrictive sensation is simply experienced. All these sensations are likewise felt when the parts are pressed upon. If the ulcer be seated posteriorly near the œsophagus, the patient has difficulties in swallowing, sometimes amounting to dysphagia, in which case the food returns by the nose and mouth. If the ulcer should perforate the walls of the œsophagus, every little thing which the patient eats, excites a cough, accompanied with sudden regurgitation of the ingesta. The patient's voice becomes husky, until complete aphony sets in. At first, the cough is simply an irritation, with little expectoration; afterwards, the expectoration changes to purulent mucus, mixed with a good deal of saliva. The cough frequently sets in paroxysmally, with contraction of the rima glottidis, attacks of croup, constriction of the throat, and threatening suffocation. Upon examining with the finger, the glottis and epiglottis are found to be œdematous. Auscultation yields mucous rattle. There is no hectic fever until suppuration commences, in which case the pulse becomes frequent and rapid, colliquative sweats set in, also diarrhœa and dark urine.

Etiology: Women are more liable to the disease than men; it occurs particularly between 25 and 40. It is occasioned by tubercles, in which case it is accompanied with pneumophthisis; by a scrofulous disposition; by a cold; hence it frequently affects washer-women; by syphilis, this being one of the most frequent forms of the disease; by hysteria and ossification, which can only occur among adults.

The prognosis is unfavourable; a cure is only possible when the disease depends upon hysteria, syphilis, and a cold.

§ 71. Very little can be done for the patient if the disease have developed itself to a perfect phthisis. Whatever is to be done for the patient, has to be done

when the disease is still engaged in the precursory stage of development.

The tuberculous laryngeal and tracheal phthisis is the same as the phthisis tuberculosa; I therefore do not describe it more minutely. As regards the phthisis which is occasioned by syphilis, I have cured several cases of it perfectly. I commenced the treatment with several doses of *Merc. sol.*, when syphilitic ulcers were still visible in the throat, extending deep down, involving the larynx and occasioning hoarseness and that ominous cough with irritation, together with the burning and tickling in the region of the larynx. If large doses of Merc. had already been taken by the patient, I gave *Merc. corros.*, after which the ulcers soon disappeared, and the affection of the larynx became much less. There were cases where this success did not occur; I then employed with a similar benefit the *red precipitate*. If, however, the patient had been poisoned with large quantities of Mercury, as might be seen from the prescriptions, I at once gave *nitric acid*, and, by means of a careful repetition of the remedy, obtained the same result as with Mercury, except the affection of the larynx, which remained rather unchanged. *Hepar sulph.* now effected the most brilliant changes, making the disease almost imperceptible. Nevertheless, such favourable changes must not be blindly relied upon, and even the least remnant of the disease has to be removed, unless we mean to expose the patient to the danger of a relapse. *Drosera; Spongia, Iodium*, also *Phosphorus*, are useful remedies under these circumstances, and may even be given in alternation with *Hep. sulph.*, *Nitr. acid*, or some other remedy. If the physician should mistake scrofulous for syphilitic ulcers, it is to be hoped that he will soon become aware of his error, and that he will at once administer small and repeated doses of the *Hydriodate of potash* in the place of Mercury, after which the abovementioned remedies may likewise be used. If Merc. should still, however, be indicated, the *binodide* of

Mercury will prove the most available mercurial preparation.

We now come to speak of the *rheumatic phthisis* of the respiratory organs. It sets in with a hoarseness, a short, hacking cough, and discharge of a little mucus. *Dulcamara* seems to be the most suitable remedy for these symptoms; and even when the disease is already far advanced, I have derived the best effect from this medicine. *Nux vom.* is excellent, when the cough is dry and accompanied with a painful shock against the larynx. *Chamomilla* and *Bryonia* may likewise prove useful at the commencement of the disease. If the disease should be far advanced, some of the remedies which will be mentioned afterwards will have to be used.

The scrofulous form of phthisis, in the incipient stage, requires the same treatment as scrophulosis.

For hysteric phthisis, one of the following remedies will probably answer in the incipient stage of the disease: *Ignat.*, *Puls.*, *Plat.*, *Coccul.*, *Sep.*, *Nux mosch.*, *Stann.*, *Sulph.*, etc.

If phthisis should really have set in, one of the most important remedies is *Drosera*, when the hoarseness is accompanied with a feeling of pain in the windpipe, and a rough, scraping feeling of dryness deep in the throat, inducing cough, and when violent pains in the chest, purulent expectoration, and a foul, purulent taste in the mouth are present. *Causticum* is preferable to Drosera, when the chronic hoarseness has increased to a real aphonia, with sensation as if the larynx were stopped up with a wedge that ought to be discharged; this symptom indicates that the laryngeal cartilages have become ossified, and requires Causticum for its removal. *Carbo veg.* corresponds both to the chronic hoarseness, which is particularly unpleasant in the evening, and to the advanced stage of phthisis; it is more particularly indicated, when the disease seems to get worse by the least cold, particularly early in the morning, on rising, or on passing from a warm into a cold room. *Ambra*

is well known as an excellent remedy for hoarseness, and is an indispensable remedy for phthisis of the air-passages, when the dry cough is accompanied with a painful roughness, dryness, and constriction of the larynx, with difficult discharge of a little mucus. *Phosphorus* is useful for great painfulness of the larynx, aphonia, cough with titillation, induced by every little breath of air. *Sulphur* and *Hepar* are likewise indispensable in this form of phthisis, particularly when arising from a cold. *Ars.*, *Stann.*, *Spong.*, *Nitrum*, *Acid mur.*, *Con.*, *Nitr. acid*, *Ferr.*, etc., are likewise worthy of consideration.

§ 72. *Pulmonary Phthisis.*

When fully developed, this disease is easily diagnosed; cough, expectoration, emaciation, fever, colliquations, and the physical symptoms afford sure means of obtaining a correct diagnosis. Pulmonary patients are disposed to be very little concerned about their health, to suppose that the disease is seated in the abdomen and not in the lungs, to hope more in proportion as the disease gains upon them. The disease runs the following stages.

First Stage: Incipient phthisis, development of the pulmonary disease. By attending to this stage in time, the disease can sometimes be checked. I have said all that I can say on this subject, in treating of scrofula and tuberculosis.

Second Stage: Fully developed phthisis with hectic fever. This fever is remittent, the pulse being accelerated even early in the morning; chills in the evening, sweat in the morning, hot hands, red, circumscribed cheeks particularly after a meal, emaciation, muscular debility, good appetite which even increases with the emaciation, good digestion, brightness of mind, a sort of levity in reference to everything concerning health; the patient does not estimate the danger he is in, he does not believe in the existence of pulmonary consumption. The expectoration assumes a purulent form, though the cough sometimes remains dry.

Third Stage: Colliquative phthisis. We speak particularly of tuberculous phthisis. Before the disease runs into the third stage, the patient is taken with blood-spitting. This symptom generally occurs in the stage of crudescence, rarely during the process of suppuration. A second symptom is the dyspnœa; the patient's breath is short; he is put out of breath by ascending an eminence, going up stairs, talking, exercising; on taking a deep breath he feels as if the chest would not expand. This feeling of stricture increases as the lungs become more diseased. Pain in the chest is the most uncertain symptom for tuberculous phthisis. At the commencement of the disease, the cough is dry, or accompanied with expectoration of a tenacious, frothy saliva; it is particularly distressing at night, still more so on waking in the morning, afterwards it becomes troublesome after every meal, and finally disturbs the patient's rest; it is much less in the day-time; when the tubercles begin to suppurate, the cough becomes moister. Cough is the first symptom of the disease, it sometimes lasts for months, and even years without any other symptom; it comes and goes, seems of a catarrhal nature and finally remains permanent. In the last stage of phthisis the cough generally abates in the morning, when the sweat sets in and the expectoration becomes more profuse; exertions, exercise, talking, emotions, a cold or even over-heating excite the cough; it is one of the most important and most permanent diagnostic symptoms. This remark applies to the expectoration. It is difficult to find out whether it contains pus, disorganized mucus or tuberculous matter; even modern researches have shed very little light on this subject; one thing, however, is certain, and this is, that the more tuberculous matter the expectoration contains, the more it renders water turbid, imparting to it a milky appearance. The expectoration varies a good deal both as regards quantity and quality; it looks white, yellow, green, reddish, ash-coloured, blood-streaked, is at times inodorous and insipid, at others very fetid, particularly

in the last stage when the walls of the vomicæ have become gangrenous. Suppression of the sputa accompanied with aggravation of the other symptoms and debility, is a very dangerous symptom and portends a speedy death. When colliquative diarrhœa sets in, the expectoration generally decreases or even ceases altogether, accompanied with a sensation of great anxiety.

§ 73. *Physical signs.*

Small, scattered, isolated tubercles with the intermediate pulmonary tissue in a sound condition, frequently change neither the percussion-sound, nor the cellular respiration, nor the voice; such tubercles are not recognizable either by auscultation or percussion. The respiratory murmur may either become less intense, or stronger and more puerile in a tuberculous lung; according to Skoda, it may be accompanied with rattling, wheezing, and whistling; in the earliest stage of pulmonary tubercles there are indistinct respiratory murmurs (Skoda); according to others, these are a coarse inspiratory murmur, which is accompanied with an expiratory murmur not heard in a normal condition of the lungs and being at times feeble, at others strong like a bellows' sound. If the parenchyma between the tubercles be infiltrated with serum, but still filled with air, the percussion-sound is generally tympanitic; if the parenchyma be condensed and deprived of air, the sound becomes dull; if the bronchial mucous membrane be likewise affected and its continuity with the rest of the lungs interrupted, a rattling as in catarrh, is more or less heard. These phenomena are generally confined to the upper portion of the chest. Large tuberculous masses arising from the union of smaller ones, generally render the percussion-sound dull; the dull sound frequently extends from the clavicles downwards as far as the fourth rib, and even farther down. If one or several of the larger bronchi run through the tuberculous mass, without being stopped up with mucus, pus

or some kind of exsudation; bronchial respiration, bronchophony, bronchial cough, and frequently even consonant rattle, wheezing, etc., are heard under the clavicle. The consonance ceases as soon as the bronchi get obstructed, but returns again immediately after the obstructing substance has been discharged. Deep-seated, air-containing vomicæ, situated within a portion of pulmonary parenchyma, infiltrated with tuberculous matter, yield a tympanitic sound; provided the vomicæ are of the size of a walnut or several smaller vomicæ are situated side by side with each other. A tympanitic percussion-sound is likewise heard, if one portion of the lungs is emphysematous, or if pneumothorax has set in in consequence of a vomica having been perforated; the tympanitic sound is so much clearer as the corresponding side of the thorax is more flexible and the vomica is more superficial; the sound yielded by this vomica, resembles that of a broken vessel. Metallic percussion-sound is only yielded by vomicæ of the size of a fist. Bronchial respiration is only heard when the vomica is pretty free from fluid; if it should be filled with a fluid, then the bronchial respiration gives way to respiratory murmurs (gurgling). If the walls of the vomicæ should be membranous and contain air, then even the largest vomicæ do not occasion bronchophony, bronchial respiration or consonant rattle. If the walls should be yielding, if they should expand during inspirations and collapse during expirations, in this case the dry, vesicular, crepitant rattle is sometimes heard simultaneously with other mucous rattles. (*Canstatt.*)

§ 74. Although the causes of phthisis have frequently been alluded to, yet there are many more than have been enumerated in the paragraphs on scrophulosis, tuberculosis and phthisis in general.

One of the principal predisposing causes is the *physical constitution* of the patient: flat chest, contracted laterally and from before backwards; shoulderblades that stand out like a pair of wings; a long neck; slender frame, snow-white teeth; circumscribed redness

of the cheeks, particularly after a meal; hot hands; cough which is easily excited; an irritable, sanguine temperament. *Hereditary disposition; age*, from the age of 16 to that of 25 and 30; *rapid growth*, the thorax not expanding proportionally in breadth; temperature, climate; mode of life, occupation; habitual *échauffement* of the lungs, exertions of the lungs; premature and excessive embraces; frequent confinements; excessive nursing; disposition to pulmonary catarrh; local debility of the lungs; scrofulous disposition; distortion of the body, curvature of the spine, rhachitic deformities of the thorax.

Exciting causes: Neglected catarrh; hæmoptysis; pneumonia; violent congestion of the lungs; inhalation of irritating, acrid substances; wounds; contusions of the chest; metastasis to the lungs of some eruptive disease, measles, etc.

§ 75. *Treatment:*

The symptoms of phthisis have been studied with so much care by pathologists that it would seem as though their grand object had been to base upon their accurate diagnosis a safe and reliable mode of treatment. This is however not the case. Even with us homœopathic physicians, who imagine that a disease with a variety of symptoms is more easily cured than one deficient in symptoms, the treatment of phthisis is just as uncertain as with allœopathic physicians. But I must do for the best and therefore shall at once proceed to describe the treatment of

PHTHISIS FLORIDA, GALLOPING CONSUMPTION.

What I have said of the prophylactic measures to be adopted in dietetic and hygienic respects, in speaking of scrophulosis and the simple tubercle, is likewise to be observed in the treatment of phthisis.

This disease frequently attacks florid young girls with a sanguine temperament, animated, full and hard pulse, disposition to congestion of the head and chest, hence to bleeding of the nose and lungs; dispo-

sition to inflammation of the lungs with a dry rather than moist cough. The disease is called florid or galloping consumption on account of the circumscribed redness of the cheeks and the rapid termination of the disease in death. The following symptoms require to be observed with particular care, if the patient's life is to be saved:

Short, dry cough; hurried breathing after the least exercise; heat in the chest, shooting stitches, sometimes pressure between the shoulders, circumscribed redness of the cheeks. Even if not all these symptoms should be present, yet one or more is sufficient to excite attention. Afterwards hectic fever supervenes; the cough becomes more and more distressing, with little or no expectoration; at last diarrhœa, œdema of the feet, aphthæ, bedsores, etc., make their appearance.

§ 76. A remedy which will frequently be found indicated for the precursory stage, as well as for the fully-developed disease, is *Nux vom.*, particularly if the patient was of a plethoric habit, with a dry and short cough, or difficult expectoration of a little pus, the patient complains of pains in the chest, of a rheumatic nature; the bowels are confined, the appetite is failing, the taste in the mouth is altered, generally sour. One dose has to be given every evening, for five or six evenings in succession.

If the disease arise from a neglected catarrh, *Pulsatilla*, *China*, *Dulc.*, *Stannum*, *Arnica*, or some other remedy, will be found indicated, when a cough with a copious, slimy or purulent expectoration is present.

If the disease should not yet be fully developed, and the larynx should be threatened, *Puls.*, *Dros.*, *Spong.*, *Merc.*, *Stann.*, *Manganum*, *Tinct. acris.*, *Hep. sulph.* or *Sulph.*, *Carb. veg.*, will be found the principal remedies.

If the disease should be accompanied with violent pains in the chest, profuse purulent expectoration, and a putrid, purulent taste in the mouth, *Drosera rotund.* will be found sufficient. A phthisis florida

which is occasioned by much spitting of blood, and is accompanied by a constant cough, with purulent expectoration, will find a suitable specific in *China*, with a few intermediate doses of *Aconite*. *Arnica* may likewise prove useful in some cases. *Stannum* is not to be omitted. *Arsenicum album* helps when hectic fever has set in, with circumscribed redness of the cheeks, emaciation, violent cough with expectoration of a yellowish matter of foul taste and smell, great want of breath after the least exercise. *Merc. corr.* is indicated by great oppression of the chest, suffocative attacks, moaning, panting breathing, hoarseness, hollow, deep cough, without ability to throw off, on account of the great weakness of the lungs. I have likewise found the *Corrosive sublimate* of great use, when the above symptoms were accompanied by the following: cough as if the mucous membrane were irritated by smoke, aggravated by talking, with expectoration of a whitish, sometimes greenish, tenacious mucus, worse at night than in the day-time; dryness of the throat and windpipe, occasioning a constant desire to drink; shooting stitches in various parts of the chest; frequent flushes of heat, with hurried pulse; cold feet, frequent sweats, great nervousness. *Ipecac.* sometimes relieves such nocturnal paroxysms of suffocative cough. It is stated by Hartlaub and Trinks, that they have cured a kind of florid phthisis with constant cough and a copious, gelatinous expectoration mixed with bloody specks, with *Laurocerasus;* I have never used this medicine. *Ferrum metallicum* is useful for cough with constant titillation, expectoration of a greenish, blood-streaked pus, excessive debility, emaciation, hectic fever, colliquation, cessation of the menses, blennorrhœa of the vagina; after Ferrum, one of the above-mentioned remedies is sometimes indicated.

Digitalis purp. is very suitable in florid phthisis, particularly when there is a good deal of vascular irritation, with bloody expectoration, crampy stitches over the pit of the stomach, increased action of the

heart, and suffocative constriction of the chest. *Phosphorus*, *Hepar sulph.*, *Sulphur*, *Lycop.*, *Nitrum*, *Calc. carb.*, *Kali carb.* : *Nitri acid.* and *Natr. mur.* are excellent remedies in this disease. In some cases, where the disease was not too far advanced, I have effected a cure with *Calc. carb.*, *Nitrum*, and *Phosphorus.*

§ 77. As regards the treatment of pulmonary consumption generally, it may be said that no disease, perhaps, is more influenced by the prevailing type of disease than phthisis. Hence it is that the catarrh which is so common at the beginning of spring or winter, affects phthisicky patients very unpleasantly, and sometimes gives their disease a sudden, dangerous turn. It is therefore the first duty of a physician, in case his patient should be attacked with the prevailing catarrhal inflammation, to cut it short as soon as possible. In most cases, this is best accomplished by means of *Aconite*, particularly when fever is present, and the patient complains of acute stitches in various parts of the chest. If the stitches should be more felt in the sides, and should prevent the free expansion of the chest, *Bryonia* will have to be substituted for Aconite. If the stitches should proceed from the middle or the sides of the chest to the back, *Mercurius* deserves a preference. *Arnica* is an excellent remedy for incipient tuberculous phthisis which owes its origin to a cold, subsequent to having been overheated.

There are cases where *Dulcamara* is indicated after one or the other of the above-mentioned remedies has exhausted its action, particularly when the mucous membranes of the air-passages are affected, and the symptoms have evidently got worse in consequence of the cold ; the stitches in the sides of the chest continue, and the cough is attended with discharge of a quantity of tenacious mucus, and violent oppression of the chest. This medicine is one of the best remedies in mucous consumption, and frequently effected a cure, provided the disease was not too far advanced, and complicated.

Next to Dulcamara, *Phosphorus* is an excellent remedy for mucous consumption, but likewise for ulcerated phthisis. In the former disease it is indicated when the violent cough continues day and night, is accompanied with a profuse expectoration of mucus, frequent oppression of breath, anguish in the chest, and particularly when the least emotion induces a rush of blood to the chest, and when palpitation of the heart, slight stitches in the left side, and expectoration of blood-streaked mucus, are present.

Stannum is a distinguished remedy in mucous consumption, but not in tuberculous phthisis. It is characterized by excessive heaviness, disposition of the patient to be constantly sitting or lying, weakness of the chest, with paroxysms of anguish, physical and mental debility, emaciation with continuance of good appetite, despondency, ill humour, flushes of heat, with general paleness and sunkenness of the face, violent, racking cough deep from the chest, with bruised pain in the pit of the stomach, and expectoration of a quantity of greenish, purulent mucus. I have never derived any benefit from Stannum when the patient expectorated blood; on the contrary, it seemed to me as if the blood-spitting got worse after using that medicine. The patients likewise complain of an increasing oppression in the upper part of the chest, and a feeling of hollowness in the lower.

Pulsatilla is an excellent intermediate remedy in mucous consumption, particularly among females, or even among men with a bland, mild temperament. The disease is frequently accompanied with menstrual irregularity, retarded appearance of the menses in young girls, or irregularities at the critical age. The patient sometimes complains of flushes of heat, the chilliness without thirst being always predominant. The catarrhal cough, which had been neglected for a long time, now distresses the patient day and night, particularly in the evening and at night; it passes off on sitting up, but comes on again on lying down; it is either dry, racking, spasmodic, or else accompanied

with discharge of a yellowish-white mucus, (this being the more frequent symptom.) Sometimes, when the menses are suppressed, the expectoration is bloody, the chest is oppressed as if from a rush of blood to the chest, so that the clothes have to be taken off as in a suffocative attack.

China is an excellent intermediate medicine; sometimes it even effects a cure. Hahnemann has pointed out the cases which come under the curative influence of China. They are phthisicky conditions, that owe their origin to frequent bleedings from the lungs. I have cured two male patients between the ages of 30 and 40. Both were poor, and the hæmorrhage (for which nothing had been done,) had arisen from atony. These kinds of phthisis develop themselves after the second or third hæmorrhage, are accompanied by a constant cough with irritation, and a blood-streaked, purulent expectoration. The disease is very acute; the fever generally is intermittent, and auscultation yields a crepitant rattle.

One of the most important remedies for purulent phthisis is *Kali carbonicum.* Hahnemann considers it indispensable in purulent phthisis. The provings upon the healthy show that the cough, the purulent expectoration, the peculiar pains in the chest, the wheezing, oppression of breathing which disturbs the night's rest, &c., all point to Kali as an important remedy for purulent phthisis.

Nitric acid is frequently indicated after Kali, particularly in the second stage of the disease, when colliquative diarrhœa has set in; the patient is emaciated, particularly the upper arms and thighs, debilitated, irritable, anxious, suffering with palpitation of the heart; the cough is attended with vomiting, and with a yellow, purulent expectoration. Blood is sometimes raised, and there is a rattling in the trachea which is an incipient symptom of *paralysis of the lungs* to which Kali corresponds; the chest is always oppressed with short, anxious, difficult breathing as though the blood were rushing to the heart.

In many cases I have used the *acetate of copper* with great benefit. It is particularly indicated in the first and second stage of tuberculous phthisis, with colliquations, debility, prostration, emaciation, sunken countenance, palpitation of the heart, bloody cough, oppressed breathing, painful contraction of the chest, restlessness, tossing about, moist tongue, violent thirst, small pulse.

Nitrum is useful in every stage of phthisis. I have found it most useful for inflammatory paroxysms of the tubercles, with increased cough, stupefying headache and soreness of the chest; the cough is excited by a titillation in the interior of the chest, and is frequently so violent that it takes away the patient's breath and causes an audible palpitation of the heart. The expectoration is generally scanty, mixed with blood, even coagulated blood. At an advanced period of the disease, the diarrhœa and night-sweats are of course present.

Digitalis has always relieved the following symptoms: the pulse is hurried and small, not slow (this is no indication of this disease); the patient is feeble, with sudden prostration of strength; paroxysms of anxiety, cough arising from a titillation in the larynx and sometimes attended with a blood-streaked expectoration. The principal indication was the excessive vascular orgasm in the chest, audible palpitation of the heart, anguish of death, &c.

Senega is excellent for frequent, dry cough, or for a racking cough with difficult expectoration of tenacious mucus with oppression of the chest; likewise for incipient paralysis of the lungs with wheezing and rattling of mucus.

As regards *Lycopodium*, I think it is principally indicated in the last stages of purulent phthisis, when the chest feels raw and sore after a long attack of titillating cough; and when the patient discharges only a few flocks of pus after great efforts; fever and night-sweats are likewise present. It is particularly

useful when the disease had got worse in consequence of large doses of Mercury.

Lachesis is said to have been useful in every variety of phthisis. I will openly confess, however, that I am unable to point out the particular indications for this undoubtedly useful agent.

Calc. carb. is an excellent remedy for every variety and stage of phthisis. Only it has to be given at the proper time. It is particularly required when the patients discharge quantities of thick, purulent mucus during the morning and evening cough, the chest feeling sore, with racking stitches in the head, arrest of breathing in consequence of the oppression of the chest, as if the lungs could not sufficiently expand, &c.

Antimonial wine, one drop every three or four hours, relieves the cough in the last stage of phthisis, and the asthmatic difficulties.

Without indicating symptoms, I will remind the reader of the *carbonates*, *Natrum mur.*, *Con.*, *Graphit.*, *Staphys.*, *Silic.*, *Sepia*, *Baryt.*, *Mangan*, &c.

It is highly probable that I have not satisfied the expectations of all my readers on the subject of phthisis. Those who feel authorized to complain, must do me the favor to supply the deficiencies from their own experience.

I will conclude my remarks on phthisis by adverting to a few sudden occurrences which sometimes happen in the course of phthisis and require the immediate attention of the physician.

§ 78. *Hæmorrhages from the lungs* require prompt assistance. They are controlled by small and repeated doses of *Aconite*. By this means I have frequently succeeded in prolonging the life of the patient for many years, giving in the meanwhile some suitable specific remedy for the general disease. If the hæmorrhage from the lungs should take place in consequence of the rupture of a vessel in the lungs occasioned by violent cough, *Aconite* is likewise to be given, after which the use of *Arnica* should be perse-

vered in. If the hæmorrhage should have a hæmorrhoidal origin, as would have to be inferred from pains in the small of the back, accompanied with heaviness and oppression of the chest, constipation, feeble, subdued, intermittent pulse, the best remedy for such a group of symptoms is *Kreasotum.* If the hæmorrhage should be accompanied with torpid fever, and the blood should be brown and fœtid, a few doses of *Arnica* may likewise prove useful, but *China* will be much more effectual, and may be followed by *phosphoric acid* or *Phosphorus.* In these cases it is expedient to resort to foot-baths with salt or ashes, or warm oat-meal or flaxseed-poultices.

The profuse sweats when accompanied with great debility, yield to *Mercurius*, *Acid phosph.* or *Acid sulph.* When these remedies failed, I sometimes found the tincture or an infusion of *Salvia* useful, sometimes *Tinct. Cort. Sambuci ;* in other cases the third attenuation of *boletus laric.*

The colliquative diarrhœa is generally past all treatment ; it arises from ulceration of the intestines in the last stage of phthisis. *Acid. phosph.*, *Mercur.*, *Calc. acet.*, *Ferr. acet.*, *Rhus t.*, *Sec. conn.*, etc., deserve particular consideration.

Aphthæ set in upon the tongue and in the buccal cavity, accompanied with violent burning, as if hot water were poured over those parts. This symptom frequently extends backwards, occasioning difficulties in swallowing and a violent laryngeal cough. This condition is met by one or two drops of sulphuric acid in one ounce of water and a little raspberry-juice, in tea-spoonful doses. This preparation is more efficient than *Merc. sol.*, which should be given if the former solution prove unavailing. If this remedy should likewise fail, *Borax* may be tried. If the aphthæ which, at first, are of a grayish-white colour, should turn yellowish and the parts should be dry, this is a very bad symptom ; perhaps *Arsenic* may afford relief.

Bed-sores are a very troublesome symptom. To

prevent them the patients should spend at least one hour a day out of bed upon a mattress and a tanned deer skin; the bed-clothes should be soft, and perfectly even; the parts which threaten to become sore, have to be washed several times a day with brandy, rum, lemon-juice or dilute tincture of Arnica. If the sores should actually have set in, all washing is useless; they then have to be bandaged with a lead-ointment or cerate, composed as follows: *Cort. Querc.*, 2 ounces, water 28 ounces, boil down to 12 ounces and filter; add *extr. Saturn.* q. s. Allow it to settle, filter, and the sediment having been thrown away, add half an ounce of rectified spirits of wine. If the bed-sores should have a bad appearance, carrot-poultices mixed with potato may be applied.

A suppression of the expectoration portends the approach of death. If the suppression should be owing to supervening inflammation, it can sometimes be restored by *Aconite*, and, if pleuritic pains should be present, *Squilla* will be found useful. *Bryonia* likewise. If the suppression should be occasioned by incipient paralysis of the lungs, *Tart. emet.*, *Moschus*, *Senega*, *Nitri acid.*, *Vinum antim.*, etc., are to be used. For a titillating cough I have almost always used with effect *Bell.*, *Ipec.*, *Sep.*, *Calc. carb.*

The suffocative anguish which frequently torments phthisicky patients, is relieved by smelling of *Arsenic*, *Sep.*, *Phosphor.*, *Bryon.*, *Verat.*, are likewise useful.

§ 79. *Pædatrophia, atrophia, mesenterica infantum, phthisis meseraica.*

This variety of phthisis is one of the more advanced forms of scrophulosis. The disease attacks children of from four to five years old, it occurs very seldom after the seventh or eighth year; it developes itself gradually, the symptoms of scrophulosis preceding and accompanying the disease.

Beside the symptoms which properly belongs to scrophulosis, the following symptoms are to be observed: Frequent stools, diarrhœa, with discharge of abnormally constituted, sour-smelling or fœtid fluids,

which lack the proper bilious tinge, and are generally discoloured, gray, whitish, tenacious, slimy, and frequently resemble clay mixed with a quantity of water. Sometimes diarrhœa alternates with constipation, the reproductive functions being of course suffering. Striking symptoms from the first are: excessive voracity of the children, sour smell of the stool, cutaneous secretions, and frequently even of the turbid, jumentous urine; the breath likewise smells sour and the patients vomit sour substances. In spite of the great appetite the child does not crave nourishing food, meat, etc., but heavy, indigestible food, sour bread, dishes made of heavy flour, potatoes, etc.

As the disease advances, the abdomen becomes more and more distended, and frequently becomes so hard that it is impossible to make the least impression upon the abdominal integuments. The symptoms of the lymphatic system become more and more prominent the rachitic state likewise develops itself, emaciation and prostration increase; the child becomes peevish ill-humoured, taciturn, indolent. The patients complain of shooting, colicky pains, deep in the abdomen. Upon examining it, swellings of different sizes and forms are discovered in it, which are moveable and painful to pressure. These are the enlarged mesenteric glands filled with a scrofulous and tuberculous substance.

At a more advanced stage of the disease, after it has lasted a year or so, hectic fever sets in with nocturnal exacerbations, violent thirst, restlessness, sleeplessness. The child becomes more and more feeble. The pulse is at least from 90 to 100; there are no febrile symptoms in the day-time. The tongue which is generally without any coating, has a flesh colour, it is dry, the lips crack, the skin becomes hot and the pulse rises to 110 or 120 beats.

§ 80. This disease is generally curable, if the treatment be commenced early and be of the proper kind; if hectic fever, emaciation and permanent diarrhœa should have set in, there is very little hope. Nevertheless, even at this stage I have sometimes effected a

cure if my directions were strictly complied with; and have, on the other hand, failed, when my instructions in regard to diet, etc., were not strictly obeyed. In the treatment of scrofulous diseases, it is of the utmost importance to follow the strictest diet.

When the disease first shows itself, when the glandular swellings which exist here and there, do not seem to indicate an extensive disease of the glandular system; when the stools are somewhat deranged and the abdomen begins to be somewhat hard and distended, though not to any very great extent, a few doses of *Chamomilla* will sometimes check the progress of the disease. It sometimes happens that such a dangerous condition of things is considered of no importance, and that it is owing to the teething. But even if the disease should have been overlooked for a time, *Chamomilla* will still be found useful; for it is one of our best remedies for diseases of children, acting principally upon the ganglionic system and removing the affection of the abdominal organs by its indirect action upon these parts; for the atrophic condition of these organs is, after all, a secondary disease. If the patient should have been poisoned with quantities of chamomile-tea previous to the homœopathic treatment, the effects of the drug have first to be removed. In many cases *Chamomilla* will be found sufficient, particularly among little infants where the good effects of Chamomilla are sometimes not noticed until a few doses of the medicine have been administered.

Among older children, or when the disease has become rather inveterate, Chamomilla yields a preference to any other medicines. The desire for sour things and the sour smell, with constant discharges of a fetid, whitish substance from the bowels, require *Hepar sulph.*, rather than Chamomilla, so much more as hepar has a more thorough effect upon the glandular system. If the alvine evacuations should be accompanied with discharges of ascarides, striking paleness of the face, a voracious appetite, *Cina* is the best remedy, whereas *China* is preferable when the

abdomen is sensitive, the patient has a voracious appetite, is prostrated and languishing, and the stools are frequent, whitish and papescent. In a few cases, constipation is present, for which *Nux vom.* is the most appropriate remedy. This remedy is likewise useful when the atrophic affection is farther advanced, the child looks sallow and bloated, is emaciated, wants to be lying all the time and complains a good deal of hunger, particularly a craving for bread; the ingesta are frequently thrown up, the child is constantly asking for something to drink, the abdomen is hard and enlarged, diarrhœa alternates with constipation, the child is out of humour. *Bryonia* is not to be neglected when canine hunger accompanies the above mentioned symptoms. If neither Nux nor Bryonia are sufficient, *Arsenic* will sometimes do, particularly when the patient complains of excruciating colic; in other cases *China* will be found sufficient to remove the remaining symptoms. Sometimes *Arsenic* and *China* have to be given in alternation, and other remedies, such as *Belladonna* have even to be added. *Pulsatilla* is indicated when the canine hunger is accompanied with slimy stools which are papescent rather than watery, and occur particularly at night. *Rhus tox.* is required when the canine hunger alternates with indifference to food, and the diarrhœa, which is accompanied with colic occurs principally after midnight. Puls. and Rhus not only remove the secondary affection, but as the reader will have seen from previous remarks, they likewise control the primary scrofulous affections.

Mercurius, though only a palliative remedy in scrofulous affections, will nevertheless be found eminently useful, when the following group of symptoms occurs: Suppuration of lymphatic and glandular organs, emaciation, disproportionate size of the head (hydrocephalus) and of the abdomen, frequent attacks of canine hunger after a meal, aversion to warm food, exhausting night-sweats, particularly on the upper part of the body, hacked, greenish stools with fetid, sour smell. The *corrosive sublimate* is preferable to Mercury when

hectic fever and a phthisicky condition supervene, with a short, exhausting cough which is sometimes loose but inducing a desire to vomit before the patient is able to throw off.

The best remedies for this disease are, however, the antipsorics, by means of which a cure can he effected, provided the disease is not too far advanced.

The disease may break out a second time, though this happens very seldom, provided the cure has been thorough. Even if no cure should be possible, the above-mentioned remedies will, at any rate, relieve the patient's distress.

The first and principal remedy for atrophia infantum is the *tincture of Sulphur*. It covers all the symptoms of the disease and is specifically indicated by acrid stools, making the anus, sexual organs, the inner sides of the thighs sore, and sometimes occasioning even a rash on those parts, accompanied with discharge of mucus from the vagina or urethra, an inflammatory swelling of the parts, and difficult urination.

Magnesia carbonica is specifically indicated by the sour smell of all the above-mentioned secretions which shows that there must be free acid in the stomach, disturbing the abdominal functions ; this acidity generally arises from improper diet and the action of the medicine should be assisted by a careful dietetic regimen.

If the diarrhœa will not yield to any of the aforementioned remedies, *Phosphorus* or *phosphoric acid* will generally be found effectual. A number of other symptoms, such as glandular swellings and indurations, correspond likewise to Phosphorus.

Sometimes *Baryta carbonica* helps when the mesenteric glands are perceptibly enlarged, with distention of the abdomen, glandular swellings, sensitiveness of the abdominal integuments to contact, light-coloured or sometimes even bloody diarrhœic stools, etc.

Conium macul. is likewise a useful remedy for this disease, particularly when the following symptoms are present : sour regurgitation of the ingesta, hardness and distention of the abdomen, exhausting, watery

diarrhœic stools, the passages being attended with burning and pressing in the anus.

Some other remedies deserve to be mentioned for this disease. *Sepia*, when diarrhœa sets in every time the child eats a little milk.

Petroleum, when the stools are papescent and the patient finds it nevertheless very difficult to relieve the bowels. *Lycopodium* is recommended by some for the last mentioned condition. *Iodium* is another excellent remedy, provided it is given in accordance with the symptoms. Every remedy should be given in strict conformity to the symptoms; the homœopathic physician should observe them with the greatest care in every case, without relying exclusively upon my own statements.

§ 81. *Phthisis hepatica.*

I treated a case of this disease some time ago, a description of which will be given hereafter.

The disease is a sequel to hepatitis that had terminated in suppuration; it is accompanied with slight inflammatory symptoms which, however, are not troublesome; the liver is enlarged and extends beyond the border of the false ribs, it is painful to pressure, and a shooting pain towards the shoulder, and even down the upper arm is sometimes experienced. Very little can be felt externally, except when the abscess is seated on the external surface of the liver. The pus may be discharged in various ways: externally, breaking through the abdominal integuments; or into the stomach, in which case the pus is vomited up at intervals; or into the colon after adhesion has taken place between the colon and liver, in which case the pus is discharged with the stool; or into the lungs, in which case the pus is coughed up. The abscess is accompanied with derangement of the functions of the liver; icteric symptoms set in, the albuginea, and gradually the whole skin assume a dingy-yellow appearance; the urine likewise has a

jaundiced colour. The body wastes away, and hectic fever sets in.

In most cases the prognosis is unfavourable.

§ 82. I have not much to say as respects the treatment of this disease. The above mentioned case was treated as follows. It came on after a second attack of hepatitis, at an interval of one year from the former. During this time the patient felt perfectly well. The second attack was brought on by a cold, and was relieved within 6 days by the use of *Bryonia*, *Bellad.*, *Nux vom.* and *China* so far that the patient complained of nothing but weakness. Contrary to my advice the patient walked out on a rough morning, and had a violent relapse. He had to keep his room much longer than usual. He then got married and walked several miles to the place where the wedding was to be celebrated. On his return home he felt worse again. During exercise he felt a dull-sticking pain in the lower part of the liver, in the direction of the back and shoulders, which kept increasing and gradually brought on a cough. At first he expectorated, now and then only, small flocks of a dingy-gray, badly smelling substance; the expectoration increased gradually, and finally he filled half a spittoon at a time. The cough only took place when this purulent substance, which looked like spoiled cheese, and smelled like spoiled caroway, had to be discharged. Otherwise the patient was never troubled with cough, had no pain in the chest, no difficulty of breathing, not even in going up stairs or walking. The patient kept walking about the place, and did not keep his room until an acute pain in the hip of the affected side made walking difficult, and going up stairs impossible. As the affection of the liver developed itself, the limb became shorter, and a small elevation was perceived in the inguinal region. It was impossible to prevent the suppuration of the psoas muscle, which was primarily induced by the abscess of the liver. Before the psoitis set in, the above mentioned expectoration was more or less

relieved by *Stannum*, *Causticum* and *Lycopodium*. The elevation in the right inguinal region increased visibly, the limb became shorter and shorter and both cough and expectoration ceased as soon as the swelling in the side broke. The pus which was discharged from this swelling, was entirely similar to the substance discharged from the lungs. Fistulous passages formed, dropsical symptoms, decubitus and marasmus set in, and the patient died in about 12 days. The patient discharged about a quart of pus every day, and lived in all four months from the time when the discharge of pus first commenced. He took *Silicea*, *Arnica*, *Kali carb.*, *Hep. sulp.*, *Merc.*, *Phosphor.*, *China*, *Acid phosp.*, *Sulphur*, *Ars.*, *Ferr.*, *Asa.*, *etc.* A cure might perhaps be expected, in case the abscess should break through the abdominal integuments, in which case the wound might cicatrice.*

§ 83. *Calculus biliarius* or *felleus*.

Diagnosis: Frequent pressure and distress in the region of the liver and stomach, particularly cramps of the stomach with vomiting. Characteristic symptoms are: paroxysms of intense pain in the region of the liver and stomach, accompanied with violent retching and vomiting, followed for some days by a yellow colour of the skin, after which biliari calculi are passed with the stool; these calculi are not stones, but a resinous, earthy, combustible mass, a concretion of bile.

Exciting causes: Choleric temperament, quantities of heavy, fat, animal food, scanty use of water as a beverage, sedentary life, tight lacing of the abdomen, constant grief and chagrin, suppression of chagrin while eating (hence the calculi frequently exist in unfortunate marriages).

Treatment: *Chamomilla* is one of the best remedies, in repeated doses and not too low. It is useful in the incipient stage, when the disease was brought on by sudden suppression of chagrin while eating, among

* See my note in the New Organon of Homœopathy. *Hempel.*

persons with choleric temperaments. It is indicated by painful pressure in the pit of the stomach, stomach and hypochondria, particularly after a meal, with regurgitation of the ingesta followed by bitter and bilious vomiting, restless toping about, as if in despair, violent headache, as if the head would fly to pieces.

Colocynthis deserves a preference when the colicky pains are more acute, and the attack was brought on by having had one's feelings or pride deeply hurt; it is more particularly indicated by vomiting of bile, with painful pressure in the region of the stomach.

Sometimes both these remedies proved unavailing, whereas *Digitalis* was the specific remedy; the yellow colour of the skin pointed to it. It removed very speedily a painful pressure in the stomach with excessive green vomiting, sudden prostration of strength and frequent fainting. The fæces generally looked white, the bowels could only be relieved by means of injections, the urine was dark-coloured. *Laurocerasus*, *China*, *Veratrum*, *Cuprum* may likewise prove more or less useful. It is very difficult to select at once a proper remedy, considering that the patient is scarcely ever able to give an account of his pains, and is very often struggling with death. *Nux vom.* and *Nux mos.* are of some use, the former particularly when the spasm is confined to the stomach, the bowels are confined, and the patient had been suffering with retching and sour eructations for some days previous. Injections of oil were likewise administered, they seemed to prolong the intermissions between the paroxysms; oil was likewise rubbed in upon the hypochondria.

Arsenicum is the specific remedy when the patients seem to be struggling with death; there is loss of consciousness, death-like paleness, sweat as from anguish, apathy; the fainting spells continue all the time, and the patients make fruitless efforts to vomit. In such cases I have seen a reaction commence from Arsenic in less than five minutes, which continued until the

disease was entirely banished. I have likewise prescribed Arsenic for the following symptoms: cramps of the stomach, constant colicky pains, of a most violent kind; accompanied with furious burning in the affected parts, frequent vomiting, excessive debility, constipation, and an evident expression of pain in the features.

TWELFTH CLASS.

§ 84. *Colliquations.*

Colliquations take place in secretory organs, either in the mucous membranes or the external skin. The secretions are increased and the quality of the secreted substance varies. Colliquations differ from phthisis in this that in the former the secretions are confined to the affected organ, being more or less suppressed in the other organs, whereas in phthisis the secretions take place in an increased ratio in every secretory organ of the body. Colliquations are likewise accompanied with considerable emaciation and chemical alteration of the blood.

Anatomical character: The affected organ becomes soft and is interstitially distended, destruction gradually takes place by means of erosions, not ulceration; the muscular integuments become thicker, hypertrophied, as is strikingly perceptible in lienteria and diabetes. The organs which form a part of the affected system, are more or less disorganized. Striking loss of the fatty and organic substance. Afterwards alterations in the nervous system supervene.

§ 85. *Diabetes.*

This is a disproportionate increase of the urinary secretion, with or without alteration of the quality of the urine, inducing a morbid state of the whole organism. We distinguish diabetes insipidus and diabetes mellitus.

The latter form is the most frequent and dangerous. The urine becomes inodorous, and contains a good deal of saccharine matter when first discharged. The uric acid diminishes as the saccharine matter increases. The disease generally comes on very slowly; this is the reason why the physician scarcely ever is called, except when the disease is fully developed.

Accompanying symptoms: Excessive thirst, debility, emaciation. The urine is sometimes passed in enormous quantity, from 10 to 60 pounds and upwards in 24 hours; the patient is tormented with constant urging to urinate, even during sleep. Sometimes the patient complains of pains in the region of the kidneys, of a sensation as if cold drops were falling into the bladder. The sexual passion sometimes becomes extinct, the testicles shrink. The appetite increases to canine hunger, the patient has a craving for bread. The thirst, particularly at night, is unquenchable. All the other secretions are more or less suppressed; the skin feels dry, like parchment, it peels off; the bowels are bound, the fæces are hard, they have a musty smell; there is alternate constipation and diarrhœa. The gums are frequently interstitially distended, the teeth fall out. The patient becomes thinner and weaker, melancholy, at times irritable, at others apathic; the voice becomes rough, hollow, feeble: sight and hearing decrease; cataract sometimes sets in; amaurosis likewise. Pulmonary phthisis and hectic fever gradually show themselves, the urinary secretion and the saccharine matter diminishing. Colliquative sweats, swelling of the feet make their appearance. The disease terminates in exhaustion, phthisis, dropsy, or apoplexy.

Exciting causes: Chronic suppression of the cutaneous suppression, with matastasis to the kidneys; weakness of the kidneys and spinal marrow occasioned by sexual excesses and immoderate use of beer, tea, etc.; congestion of blood to the kidneys, suppression of the piles and menses, hysteria, hypochondria, etc. It is known that no saccharine matter is formed in the

urine as long as the patient confines himself to meat and eggs, avoiding all vegetable diet; this is not sufficient, but eminently necessary to a cure.

§ 86. Hahnemann proposes *Argentum met.* as the principal remedy, but from no other reason than because it causes frequent urging to urinate. I have never seen any good effects from it.

Ledum palustre always proved of service to me when the disease was occasioned by suppression of the cutaneous secretions, in which case I first gave *Dulcamara.* I gave Ledum for the following symptoms: Bruised feeling of the whole body, tearing in the spine, particularly the kidneys, the sleep was disturbed by frequent urging to urinate; the patient was out of humour, loss of appetite, retching, papescent stool.

Nux vom. always proved useful when the disease had been occasioned by abuse of beer, sedentary life, or by a cold, and when the following symptoms were present: slow stool, ill humour, hypochondria, disposition to anger, vertigo as if from intoxication, aversion to rye-bread, loathing and vomiting, excessive thirst, in spite of which the beverage oppressed the stomach and caused a disposition to vomit. Excessive quantities of urine were passed. Nux never did me any good when the sexual desire had become extinct. Nux is useful in every stage of the disease, even in the last, though help is impossible in this stage with any remedy.

The preparations of *Natrum* seem to be peculiarly adapted to this disease; *Natrum muriaticum* particularly always helped when the following symptoms occurred: the disease was excited by loss of animal fluids, or by chagrin; there was loss of appetite, headache, every step reverberating in the head; great lassitude, heaviness of the feet, retching, etc.; afterwards the characteristic symptoms become more and more prominent, the urine is voided in increased quantities, almost every half hour during the night, the sexual desire becomes extinct, the stool is sluggish and finally, constipation sets in; drawing pains in the left side

of the abdomen towards the pelvis are always present; the patient feels low-spirited, and is solicitous for the future. The symptoms of *Natr. carb.* are very similar, which the reader will please compare.

The preparation of *Ammonium* must likewise be useful in this disease; I am unable to state the cases where they ought to be employed, as I have never had occasion to use them.

Squilla will never fail to relieve the patient, when the excessive urination is accompanied with canine hunger, excessive thirst, constipation, vascular orgasm in the chest.

Veratrum proved useful in diabetes with canine hunger, thirst, headache, profuse coryza, colic, rumbling in the abdomen, costiveness, involuntary micturition.

Carbo animalis seemed to me to be more specially indicated than the vegetable charcoal. I gave it for the following symptoms: Excessive flow of urine, extinction of sexual instinct, lumpy, hard stool preceded by long, ineffectual urging, the appetite remained the same, except that the patient had a great desire for sour and refreshing things. In one case aphthæ seemed to exist on the mucous membrane of the mouth and tongue.

§ 87. *Lienteria.*

Characteristic symptom: Discharge of the undigested food by the bowels shortly after having been taken into the stomach. The consistence, colour and smell of the food are frequently unchanged. Immediately after eating the patient frequently complains of pressure, bloatedness, coldness in the region of the stomach, eructations, rumbling, colic; these symptoms continue until the bowels are relieved, which takes place suddenly and without any premonitory symptoms. Afterwards canine hunger and a sense of hallowness in the stomach are experienced, the latter feeling sometimes increasing to cardialgia. The thirst is extreme, tongue clean, seldom coated. After the disease has lasted a time, the skin becomes dry, cracked; the urine which is

passed in small quantities, looks turbid, dark-coloured. The patients become weak, thin, peevish, have no sleep.

Exciting causes: heavy food, containing little nutritious matter, raw food, fermenting vegetable food, sour wine, abuse of drastics; exposure to wet; lienteria is sometimes a sequel to erysipelas, cholera, etc.

§ 88. *Treatment. Oleander* is, according to my experience, the principal remedy in this disease.*

Next to Oleander *China* is the best remedy, particularly when the disease is a sequel to long, exhausting diseases, cholera, diarrhœa, dysentery, typhus, or when it was caused by abuse of drastics; the disease seems to depend upon atony of the intestinal canal, and is accompanied by a number of dyspeptic symptoms.

Arsenicum is useful in the last stage of the disease, when the mucous membrane has become disorganized. *Conium, Phosphorus, Phosphor. acid., Ferrum, Arnica, Sulphur, Mercur., Calc. carb.,* etc. may be tried now and then.

§ 89. *Ptyalism, salivation.*

This variety of colliquation affects the mucous membrane of the organs of deglutition.

The patient's mouth is constantly filled with water, he discharges from two to three pounds in 24 hours. The mucus is at first tenacious, mixed with saliva; afterwards it becomes thick, opaque, and has an insipid, sweetish taste. If the salivation be caused by Mercury, there is a peculiar smell from the mouth, the teeth feel elongated, the gums become livid, spongy, etc. If the disease should have been caused by exposure to wet, the gums become pale, shrink; the patients complain of great dryness in the mouth and down the trachea; the voice is rough and loses its clearness. The appetite is good, thirst increased; the

* Hartmann tells us, that in proving Oleander upon himself, it caused vertigo, retching, vomiting, sudden discharge by the bowels, of the food he took, undigested, etc. during 24 hours.

other secretions are limited. After the disease has lasted for a while, febrile symptoms make their appearance towards evening.

§ 90. The treatment depends upon the exciting cause.

A principal remedy is *Dulcamara,* which seems to be particularly adapted to affections of the mucous membranes and glands of the organs of deglutition, not to mention its great value as an antidote to mercury, and as a remedy for colds and glandular affections generally. It is particularly indicated when the symptoms are worse at night, when the patient discharges a tenacious, soapy mucus from the mouth, the gums are loose and spongy, the mouth is dry, with violent thirst, slight pinching in the bowels and several diarrhœic stools a day.

Next to Dulcamara is *Nitri acidum*, the principal remedy for mercurial ptyalism, particularly when the teeth are loose and feel elongated, the gums are swollen, the mouth and throat are dry, with copious flow of saliva, fetid smell from the mouth, soreness of the mouth, loss of appetite, constant nausea.

Acidum sulph. corresponds to mercurial ptyalism, with febrile symptoms and aphthæ. For other symptoms I refer the reader to the provings.

Iodium is an other excellent remedy for mercurial ptyalism.

I have frequently used *tartar emetic* with great benefit, in ptyalism from Mercury or other causes, one grain dissolved in four ounces of water, first a teaspoonful every two hours, then less frequently; cases which had lasted six months, sometimes yielded completely in a few days. Constant nausea, emaciation, lassitude and evening-chilliness were my principal indications for this remedy.

If the mercurial ptyalism should have lasted for some time without having been made worse by renewed doses of Mercury, the homœopathic physician will do well to commence the treatment with a dose of *Mercurius sublimatus.* If the disease should have

been caused by this preparation, then *Mercurius bijodatus* will be found the most useful preparation to commence the treatment with.

Ptyalism which had not been caused by Mercury, generally yields to a suitable preparation of Mercury, not to forget *Cinnabaris*. The following medicines are likewise useful:

Colch. autumn. is closely related to Dulcamara, as regards the exciting cause. It corresponds to the ptyalism which comes on in cold and damp weather, and is caused by suppression of the cutaneous secretions, with drawing, jerking, tearing pains in the joints, exacerbation of the pains and ptyalism in the evening and night; the ptyalism is accompanied with dryness of the throat, and the patient, on swallowing food, feels sick at the stomach.

The *Cantharides*-ptyalism comes on at periodical intervals. I think that this species of ptyalism never exists without inflammation of the inner organs of deglutition, larynx and trachea, the ptyalism being in this case a secondary symptom.

Sulphur is indicated by a variety of characteristic symptoms in ptyalism. I have mentioned the indications for Sulphur so frequently that I refrain from repeating them in this place.

§ 91. *Ephidrosis, sweating disease.*

Ephidrosis, generally speaking, is a mere symptom belonging to a more general disorder.

Local ephidrosis, such as sweat on the feet, sexual organs, hands, in the arm-pits, is sometimes a very troublesome and even most important symptom, for the peace of families is sometimes depending upon it. Divorce even has taken place in consequence of that disease.

This local sweat has generally a fetid smell, which makes the disease so much more troublesome. Palliative washes, alum or lead-washes should never be used, as they may give rise to blindness, asthma, deafness, phthisis and various other diseases.

Foot-sweat particularly is very distressing. Sometimes it is caused by a badly managed affection of the skin; at other times no cause can be assigned to the disease which creeps along very slowly until its existence becomes known by the disagreeable smell. I am unable to propose a specific for this disease. The treatment should be commenced, however, with *Sulphur*, one dose every few days. Sometimes Sulphur acts well for days and weeks, after which *Lycopodium* will be found an excellent remedy. Sulphur and Lyc. are frequently sufficient to cure the disease entirely.

In other cases *Magnes. mur.*, *Sep.*, *Carbo veg.*, *Calc. carb.*, *Kali carb.* effected a cure.

Cocculus was the best remedy when the sweat was accompanied with coldness of the feet. In other cases however *Sulphur* and *Lyc.*, *Rhus tox.* or *Mercur.* had to be used.

For fetid footsweat, *Kali carb.*, *Baryt. carb.*, *Zinc.*, *Graphit.* and *Sil.* were found most suitable.

Zincum relieves fetid footsweat with soreness of the toes in walking; sometimes *Iodium* and *Lycop.*

Suppression of footsweat by exposure to wet, is removed by *Rhus tox*, *Sep.*, *Natr. mur.*, *etc.*

A sudden disappearance of habitual footsweat is sometimes attended with dangerous symptoms, particularly when the feet become cold. *Silicea* is the best remedy for this condition.

Sweaty hands are frequently unpleasant, on account of the stains which the sweat leaves upon the things touched. *Thuja* is an excellent remedy for this affection, *Natrum mur.*, *Calc. carb.* and *Sulphur* are likewise useful.

For the sweat in the axillæ, which is frequently occasioned by tight dressing, *Sulphur*, *Bovista*, *Thuja*, *Sepia*, *Natrum mur.*, *etc.* are good remedies. *Hepar sulph.* and *Phosphorus* correspond to that sweat when it has a fetid smell, and *Bovista* when it smells of onions.

Sweat of the genitals is removed by *Thuja*, *Mercur.*, *Sepia*, *Sulphur*.

§ 92. *Galactorrhœa.*

The secretion of milk sometimes continues in considerable quantity, even after weaning the baby. At first the milk is unchanged, but gradually the caseine disappears, and the milk is composed of mere albumen and saccharine matter. The other secretions are less; slow stool, dry skin, suppression of the menses, sensation of dryness in the mouth; emaciation, lastly pulmonary tubercles which rapidly lead to phthisis.

Aconite, Rhus tox., Bellad., Calc. carb., Phosphorus have been recommended for this affection.

A sudden suppression of the milk is sometimes attended with metastasis to the abdominal organs, inducing puerperal fever. I have used with great success: *Puls., Calc.* and *Zincum*, to prevent the ill effects of such a suppression, and sometimes even to bring the milk back. *Dulcamara* was found most useful when the milk disappeared in consequence of a cold; in other cases *Sulphur, Chamom.*, and *Rhus tox.* were the best remedies.

Sometimes the infant *refuses to nurse*, though both mother and babe may seem to be perfectly well, and there is an abundance of milk. *Cina* and *Mercurius sol.*, given to the mother, as much as possible, in accordance with the symptoms, remove the difficulty sometimes in a couple of hours.

§ 93. *Leucorrhœa, Fluor albus.*

Phenomena: The patient had contracted an acute blennorrhœa in consequence of a cold(by dancing, etc.). This acute blennorrhœa changes to a chronic, which soon assumes the character of a colliquative discharge. The patients constantly discharge mucus from the vagina, which is tenatious, resembling the spawn of toads, transparent like boiled sago, not corrosive as is the case when the affection is of a catarrhal or syphilitic nature. The mucous membrance of the genital organs becomes strikingly relaxed and shrivelled. The discharge is most profuse at the time of the menses. These continue at first, afterwards they

become discoloured and finally cease altogether. The patients lose their good appearance, the skin becomes sallow, withering and dry; the patients become thin, weak, the appetite gets lost, the patient craves vegetable food and milk; she shudders at the sight of animal food, the pulse becomes small, empty, feeble, and increases in frequency, if the affection continue for a time.

Females of every age are subject to this troublesome and lingering affection, which is not contagious, and is seated in the uterus and vagina. It is either acute or chronic. The acute affection is generally caused by the gonorrhœal miasm, and runs the same course as gonorrhœa. The difference between the two discharges is, that in gonorrhœa the urethra, and in leucorrhœa the vagina is the seat of the disease. In the latter affection urination is painless.

If the leucorrhœa arise from contagion, it comes on suddenly. Two or three days after the infection, a burning is experienced in the sexual organs, with increased temperature of the vagina, itching, titillation, stinging, tension in the forepart of the vagina; the outer organs are bloated, redder than usual, the sexual irritation is stronger, and there is even a little fever, increase of thirst, etc. After this inflammatory stage has lasted for some days, the mucous discharge commences, the mucus being thick, purulent, even contagious, and, according as the constitution of the patient is more or less strong, continuing more or less long and sometimes even becoming a permanent disease.

§ 94. Scrofulous individuals or persons with lymphatic or torpid, bloated constitutions are particularly subject to the disease. In many families the disease is hereditary. One of the exciting causes is the latent psora, which is transmitted from mother to daughter, and the development of which is favoured by a sedentary, relaxing mode of life, by indigestible, greasy, farinaceous food, abuse of warm, debilitating drinks, great loss of blood and animal fluids, previous exhausting diseases, depressing emotions, damp dwell-

ings, chilly, misty, damp weather. The disease can likewise be excited by keeping the genitals too warm, sleeping in feather-beds, abuse of foot-furnaces, masturbation, premature and excessive embraces, miscarriages and metrorrhagia, frequent and heavy confinements, etc.

Chronic leucorrhœa is not a dangerous disease, but is difficult to cure, and requires for its removal the use of various antipsorics.

§ 95. The treatment of acute gonorrhœa is a very delicate affair, inasmuch as it is scarcely ever possible to put the question relative to contagion, and it is important that the physician should not lose his patient's confidence by too much straight-forwardness. If the subjective symptoms, the nature of the pain, of the discharge, and all the peculiarities relating to it, be carefully studied, the homœopathic physician will very seldom be obliged to inquire into the first cause of the disease, if he should have to entertain a legitimate suspicion.

As was said above, the patient, in the first days, frequently complains of an increased feeling of warmth, fullness and tightness in the internal genital organs, constant, but not unpleasant titillation, which induces a constant scratching, burning during micturition, slight febrile motions. *Aconite* is an admirable remedy for this condition.

A similar condition sometimes takes place in recently married people, owing to a narrowness of the parts, and a consequent crowding during an embrace; the labia are swollen and red, with burning pain during micturition, and sometimes even retention of urine, induced by the inflammation and swelling of the urethra and inner organs. *Arnica montana* is the remedy for this condition.

If the patient should complain of a burning sensation in the vagina and labia, with discharge of thin, acrid, corrosive mucus from the vagina, constant chilliness, disposition to lie down, sadness, lowness of spirits, *Pulsatilla* should be administered.

Cantharides has to be administered, if there be much burning in the urethra, painful dysuria or ischuria.

Mercurius solul. is the principal remedy for a painful itching of the labia, swelling and painful sensitiveness of the lymphatic vessels in the labia, inflammatory swelling of the vagina, as if sore and excoriated, purulent, corrosive leucorrhœa.

For a corrosive leucorrhœa, with a foul, fetid smell. *Nitri acid.* is the best remedy; *Bovista* and *Silicea* are good remedies for corrosive leucorrhœa without smell.

I have frequently employed *Ferrum* for a smarting leucorrhœa, sometimes in alternation with *Lolium temulentum.*

Arsenicum, Thuja, Mezereum, Staphysagria, are useful remedies.

Bellad. and *Platina* are particularly useful when there is a pressing in the internal sexual organs from above downwards.

Sulphur is not to be omitted.

Chronic leucorrhœa, which depends upon the presence of latent psora, sometimes yields to one of the above remedies, but a successful treatment generally requires the use of antipsorics.

Sulphur is the best remedy when there is a moderate discharge of mucus, drawing pains in the loins and small of the back, lassitude in the thighs, alternate constipation and thin, liquid stool.

Lycopodium is indicated when the discharge takes place in paroxysms, and every discharge is preceded by cutting deep in the abdomen, the mucus looks yellowish, a pale complexion alternates with flushes of heat, abdominal complaints, deranged digestion.

Natrum muriat. is indispensable when the leucorrhœa is accompanied by frequent contractive pain in the abdomen, frequent changes in the colour of the face, the complexion being generally yellowish, constipation, nausea, vomiting, etc.

Graphites, Conium, Nitri. acid., Calc., Silic., Sepia, Carbo veg., and more especially *Lycop. Bovista,* are eminently useful in this disease. *Stannum. Ignat.,*

Guajæ, *Nux vom.*, *China*, *Cocculus*, *Arnica*, *Sabina*, *Aurum* correspond to many forms of leucorrhœa.

THIRTEENTH CLASS.

CONGESTIONS AND HÆMORRHAGES.

§ 96. A) Congestion.

Congestion is an increased action in the vascular system, it is a precursor of hæmorrhage, inflammation, increased secretion, etc., and either terminates in one of those processes or ceases before they set in. The vital turgescence which is the essential symptom of congestion, can easily be recognised by the suddenly increased redness and passing expansion of the parts, increase of temperature, throbbing of the arteries. It is less easy to distinguish a congestion of internal organs, and it is frequently impossible to distinguish active congestion, passive hyperæmia and real inflammation of an internal organ, unless the perceptible phenomena point out the difference. Congestion, as well as hyperæmia and inflammation, occasions a derangement of the functions of the affected organ (delirium, sensual illusions, stoppage of the organic functions, loss of consciousness, sopor, paralysis, etc.); the same as inflammation and hyperæmia, congestion induces antagonistic, sympathetic phenomena in other organs, by means of the nervous reflex, or by an unequal distribution of blood (coldness, paleness, deficiency of blood in the external parts when internal organs are the seat of the disease); congestion is sometimes accompanied with fever, the same as inflammation and hyperæmia.

§ 97. It is difficult to trace in every case a predisposition to congestions; but it frequently takes place at particular periods, when some important organ is developed. Children are liable to congestions, in consequence of the extreme irritability of many organs.

the head for instance during dentition. Among young people the lungs are particularly liable to congestions, whereas, among old people, the abdominal organs are more particularly the seat of the disease. An abnormal irritability of the vascular system induces likewise a disposition to congestions; organic defects, the disproportionate size of an organ, and a state of relaxation induced by previous congestions; are likewise constitutional causes of congestion. The lungs are more liable to congestion in the winter and spring, the abdominal organs in the summer and fall.

Exciting causes: excessive warmth or cold, particularly exposure of the feet to cold, which leads to congestion of the brain and lungs; heating drinks and medicines, spirits, ethereal oils, naphtha, narcotics, etc., violent exertions of single organs; violent emotions, constant thinking, induce congestion of the brain; running, dancing, singing, etc. congestion of the lungs; suppression of habitual discharges of blood, likewise induces a state of congestion.

I shall divide all congestions in three general classes, congestions of the head, chest and abdomen. All other congestions, such as of the cheeks, palms of the hands, soles of the feet, etc. require no particular reference, as they constitute symptoms of a more general disease, which requires to be treated in its totality, in order to remove single congestive states.

§ 98. *Congestions of the head.*

This affection yields to *Nux vom.* when it had been caused by a sedentary mode of life, constant thinking, abuse of spirits, or when the disease is characterised by the following symptoms: Swelling of the veins of the head, violent throbbing of the arteries of the head, so that the pulsations are felt through the whole body; heat, redness and bloatedness of the face, with paroxysms of vertigo, violent headache, particularly in the forehead and over the orbits of the eyes, increased by stooping and coughing; sleep disturbed by dreams.

Belladonna is indicated in the most violent con-

gestions of the head, when the cutaneous veins about the head are very much distended, accompanied with paroxysms of intense, burning-stitching pains on one side of the head, aggravated by every motion of the head, noise, light, etc. These symptoms are frequently accompanied with scintillations, obscuration of sight, buzzing in the ears, fainting turns, sopor. These congestions frequently take place at a period when some important organ is developing itself, for instance during dentition; they likewise take place at the age of pubescence, when the menses are not yet fully regulated, or they will come on, when the menses had become suppressed in consequence of a cold, or when the patient had taken cold by the feet. This sort of congestion is more frequent among females than males, and yields to *Belladonna*. Oat-meal poultices to the feet favour the action of *Bellad.*, so that sometimes in an hour's time the violence of the attack abates, and the whole affection disappears very shortly. *Crocus* is sometimes used with benefit for this kind of congestion, when attacking females.

Aconite is an excellent remedy for congestion of the brain when it threatens to become a very serious disease and there is a good deal of vascular orgasm. Aconite is the specific remedy for congestions caused by fright or chagrin, or even by an animated discussion; the congestion was accompanied with violent delirium, spasmodic laughing and weeping; when this had passed off, the patients knocked with their fists against the head to moderate the intense pain.

Arnica montana is the specific remedy for congestions arising from a violent fall, shock or blow. The medicine should be given internally, and at the same time applied externally, one part of the medicine to 6, 8, 10 or 12 parts of water.

In a few cases I have given *Dulcamara*, when the congestion was characterised by buzzing, hardness of hearing, and when a cold by the feet was the cause of the disease.

Congestions of the brain sometimes take place in

consequence of a sudden emotion caused by some sad or joyous event. A few spoonfuls of coffee will remove them, provided the patient does not use coffee as an habitual beverage; in this case *Coffea cruda* will be the suitable remedy.

Congestions caused by chagrin yield to *Chamomilla;* by suppressed grief or mortified feelings, to *Ignatia;* * by a sudden ebullition of anger to *Nux vom.;* by fright, to *Opium;* by constant care and grief, to *Staphysagria;* by anger and chagrin, to *Natrum mur.;* and various other remedies, to be prescribed in accordance with the symptoms, such as, *Puls.*, *Arnica*, *Ambra*, *China*, *Antim. crud.*, *Baryt. acet.*, *Mercurius*, etc. *Merc.* is particularly useful when the internal head feels hot, not the external, with violent throbbing, full pulse, sensual illusions, such as, hearing of noise in the street, singing of birds, etc.

Debilitated persons are liable to congestions with sleepless, anxious restlessness, owing to an irregular distribution of the vital forces in the organism; these congestions are more speedily removed by means of a magnetic pass executed with a strong will, the flat hand to be applied to the vertex and to be carried, not too slowly, over the body, down to the tips of the toes.

§ 99. *Congestion of the chest.*

These congestions are frequently removed by *Nux vom.*, when the same causes prevail as in congestion of the brain, and the following symptoms are present: palpitation of the heart, short, panting breathing, oppression, anxiety, asthmatic distress; and when the frequent recurrence of the congestion threatens to give rise to a constitutional spasm of the chest.

Belladonna corresponds to the following symptoms: shortness of breath, short cough, which disturbs the patient's rest, anxiety, restlessness, quick and strong beating of the heart, reverberating in the head, slight indications of spasm in the chest, burning heat, great thirst; sometimes there are symptoms of con-

* Also *Opium* (Hempel).

gestion of the head present. *Pulsatilla* will sometimes relieve the patient when the congestion sets in at night; *Ignatia* likewise. The congestions of the chest which occur in consequence of fatiguing exercise, accompanied with debility, prostration, nausea, yield most readily to *Spongia.* If the bowels should be confined, especially in young people, a simple injection will afford great relief.

Several of the medicines mentioned for congestion of the head, are useful in congestion of the chest, provided the same causes prevail: *Bryonia*, *Ipec.*, *Rhus tox.*, *Squilla*, *Dig.*, *Sepia*, *Phosphor.*, *Sulphur*, &c., may likewise be consulted in some cases.

Aurum, *China*, *Pulsatilla*, *Sulphur*, *Sepia*, *Natrum mur.*, *Phosphorus*, &c., are excellent for violent palpitation of the heart. *Staphys.* frequently removes palpitation of the heart aggravated by exercise, music, after the siesta, or after a mental effort. *Phosphorus* is an exellent remedy for palpitation of the heart when it gets worse in the evening and after an emotion. In a case of visible and audible palpitation of the heart, with enlargement of the left heart, expansion of the left thorax, anxious, hurried breathing, excessive throbbing of all the arteries, anguish in the countenance, *Belladonna* soon removed all the symptoms, every additional dose affording greater relief.

§ 100. *Congestion of the abdomen.*

This affection occasions a great many troublesome symptoms, a troublesome feeling of heat, burning, pain, tension, without any symptoms of indigestion being present. It leads to obstruction and disorganization of the abdominal organs, and is on the other hand caused by these conditions. Abdominal congestion frequently befals hœmorrhoidal and hypochondriac individuals, inducing all the distresses to which these persons are subject. It induces all sorts of secondary diseases, dyspepsia, bad digestion, jaundice, dropsy.

Chronic abdominal congestion requires the anti

psorics for a successful treatment, though the other remedies are frequently sufficient to effect a cure, provided the patient is very careful as regards diet, exercise, &c. It may be caused by excessive abstinence as well as abuses, or a sedentary life; the patient should therefore use moderate exercise in the open air, avoid excesses, and indulge the moderate enjoyment of the sexual passion.

As respects remedies *Nux vomica* corresponds to tightness, distention, pressure, heat, burning in the abdomen, pains in the small of the back, as if it would break and if all strength had left it; the patient is unable to keep erect, as is the case when the hœmorrhoidal and uterine vessels are obstructed, accompanied with constipation, pressure on the rectum and bladder. *Mercurius* is likewise useful in this group of symptoms even if no syphilitic taint should be present.

Phosphorus is excellent after previously giving Nux vom., when the affection is caused by abuse of the sexual passion, or by a sedentary life. The patients complain of constant fulness in the stomach, eructations, vertigo, oppression in the pit of the stomach, painfulness of the pit of the stomach, increased by contact to a pulling pain with pulsations, obliging the patient to walk crooked, and inducing shortness of breath; there is a constant pulsation in the pit of the stomach, and even more deeply, in the region of the liver; this region is sensitive to pressure, the patient is unable to lie on it.

Sepia is excellent when the throbbing in the abdomen is so violent that the patient imagines he hears it throughout the whole body, particularly on leaning backwards while seated on a chair; the pit of the stomach and the region of the liver are very sensitive to pressure, these parts are distended, there is a violent beating in the pit of the stomach, anxiety, hypochondriac mood, &c.

Pulsatilla corresponds to a feeling of fulness and anxiety in the pit of the stomach, with throbbing in this region, and perceptible beating of the arteries

which is always worse in the evening, accompanied with whining mood; the patients complain of a contractive, crampy and tight feeling in the hypochondria, tight feeling in the abdomen, as if it were too full and hard.

Spigelia is indicated by the following symptoms: pressure in the abdomen as if it would burst, or with sensation as if a heavy load were falling down, particularly on taking an inspiration; great sensitiveness of the pit of the stomach, the least contact or pressure of the clothes occasions a feeling of great anxiety, with sensation as if something were tearing loose in the chest; sadness, vexed mood, redness of the face.

Arsenic, *Lycop.*, *China*, *Staphys*, *Natrum mur.*, &c. are useful remedies; for the symptoms I refer the reader to the provings.

§ 101. *Congestion of the uterus.*

It is generally present in abdominal congestion, and is frequently the most prominent symptom of this disease.

Belladonna is the principal remedy in this disease when the following symptoms are present: burning, stinging, fulness, tightness, pressing deep in the abdomen and the inner sexual organs, frequently attended with a drawing cutting around the loins and heat and anxiety in these parts, or with a painful pressure and crampy pain in the small of the back, impeding the motion of the back very considerably. Congestions of the head and chest are sometimes present, if the uterine congestion should last a long while.

Millefolium, *Senna*, *Sabina* (the two last named particularly during pregnancy), *Crocus*, *China*, *Platina*, *Ipec.*, *Bryon.*, *Hyoscyam.*, *Hep. sulp.*, &c., are likewise to be recommended in uterine congestion.

§ 102. (*b.*) *Hæmorrhages. General remarks on hæmorrhages.*

Hæmorrhages are both natural, normal, and abnor-

mal. Hæmorrhages, in a more special sense, are discharges of blood which occasion a local or general disturbance of the organism and impair the functions of the affected organ.

There is no difficulty in diagnosing a hæmorrhage when the blood is discharged externally. Internal hæmorrhages, effusions of blood into the brain, chest, abdomen, uterus are not so easily diagnosed, though the diagnosis is facilitated by the precursory and the accompanying symptoms. Among the precursory symptoms are to be noted those which take place previous to congestion. The ordinary symptoms are: sensation of pressure, heaviness, itching and titillation in the affected part, with increased warmth, redness and swelling, throbbing and tension; restlessness, sleeplessness, frightful dreams, stupor, or cerebral and sensual exaltation, sometimes delirium. The pulse is remarkably irregular; it is supposed to be a double pulse (pulsus dicrotus), when the hæmorrhage takes place from organs situated above the diaphragm; at the same time it is hard, full, moderately accelerated, accompanied with a sensation as if the temperature of the body were altered, with alternate shuddering, chilliness and heat. The pulse is said to be intermitting, when the hæmorrhage takes place from organs situated below the diaphragm, accompanied with the symptoms of congestion of the abdominal organs.

The blood which is discharged in a hæmorrhage, varies in respect to quality and quantity; the duration of the disease is likewise different. If the blood be discharged from arteries, it is bright-red and frequently forms a buffy coat; blood which is discharged from veins, is black, foaming and thin, and frequently coajulated after the blood had remained enclosed for some time in the cavities of the body. As regards quantity, we can only say that the blood is discharged in quantities of from one drop to several pounds. The duration of hæmorrhages varies likewise a good deal.

Latent hæmorrhages are attended with some of the following symptoms; hæmorrhages in the brain by:

vertigo, dulness of the head, stupor, sopor, paralysis, apoplexy; hæmorrhages in the lungs by: dyspnœa, increased warmth and stitches in the chest, cough, and sometimes even asthma; hæmorrhages in the stomach by: oppression, tension in the region of the stomach, feeling of repletion, nausea, vomiting, fainting turns; hæmorrhages in the abdomen by: distention of the abdomen, fluctuation, increased feeling of warmth, soon, however, changing to a feeling of heaviness and coldness.

It is difficult to say how much blood a man can lose without injury; this depends upon age, constitution, the nature and mode of the discharge.

Excessive loss of blood is attended by the following symptoms: paleness of the face, gums, lips and cheeks; the nose becomes pointed; the volume of the body collapses; the pulse becomes feeble, small, intermitting; the eye is dry and languid, head and hands are covered with cold sweat, the body becomes cold as after death, the patient complains of violent thirst, nausea, vomiting, convulsive hiccup, buzzing in the ears, vertigo, fainting. Death takes place amid violent convulsions, or else during the fainting attended with slight spasms.

After the cessation of the hæmorrhage the following symptoms sometimes continue for a time: chilliness and shuddering over the whole body, confused feeling in the head, reeling sensation, drawing pains in the head, coldness in the nape of the neck, hysteric and hypochondriac symptoms, various other symptoms of nervous derangement, general debility and languor difficult digestion, cachectic states, particularly dropsy and consumption. These states scarcely ever occur under a judicious homœopathic treatment of hæmorrhages.

§ 103. In a therapeutic view, it is important to distinguish active and passive hæmorrhages. The former depend upon an increase of vascular action, the latter arise from a want of vascular action, atony, paralysis of the vessels.

As regards the quantity of the blood which is discharged, we distinguish: stillicidium sanguinis (discharge of single drops of blood); profluvium sanguinis (flow of blood), the blood being discharged in a small stream, quietly and without violence; and hæmorrhagia proprie sic dicta, the blood being discharged in an uninterrupted stream, with violence, and exhausting the patient very soon.

Critical hæmorrhages have been mentioned in the first part of this work. There are continuous, remittent and intermittent hæmorrhages. They are likewise sporadic, endemic or epidemic. We distinguish furthermore external and internal, open and occult hæmorrhages, etc.

Etiology: The disposition to hæmorrhages is sometimes hereditary; sometimes it depends upon an increased irritability of the vascular system in children and adults; or upon deformities of the thorax.

Hæmorrhages are occasioned by the same causes as congestions, warmth, cold, every thing that has an influence on the circulation, which either stimulates or retards it; suppression of habitual discharges of blood, etc.

The prognosis depends upon the character of the hæmorrhage and the quantity of the blood which is lost, the age of the patient, the importance of the bleeding organ, etc.

§ 104. The treatment depends in a great measure upon the exciting cause. Previous to the therapeutic treatment, the physician has to regulate the diet of the patient; the body should be made easy and comfortable, all unnecessary spectators should be sent out of the room, the temperature of the sick-room and the covering of the patient should be carefully regulated. The patient should not be allowed iced drinks, his beverage should be cool, the chill being simply taken off; all acids should be avoided, even for this reason that the action of the medicine might not be disturbed, which would be the case with *Aconite*, *Mercurius*, *Stram.*, *Belladonna*. This caution against the

use of acids is so much the more necessary as there are always friends of the family, employing allœopathic physicians who will not fail to recommend lemon-juice, vinegar, etc. If the hæmorrhage should have been caused by the mechanical rupture of a vessel either by tearing, corrosion or injury of one kind or another, a surgeon should at once be sent for to employ the proper surgical means, which sometimes are sufficient to arrest the hæmorrhage. The remaining debility should be treated by the attending physician.

I have nothing farther to say about the general treatment of hæmorrhages, except that *Arnica*, internally and externally, is probably the best remedy for hæmorrhages depending upon organic injury, and *China* for the remaining debility.

HÆMORRHAGES OF THE RESPIRATORY ORGANS.

§ 105. *Epistaxis, choanorrhagia, bleeding of the nose.*

Epistaxis is either a dynamic or local disease; in the latter case it depends upon some mechanical injury and is easily arrested by drawing up a few drops of water in the nose, or by bathing the nose with a solution of *Arnica*. The dynamic bleeding of the nose generally befals children and adults; it is a sequel to frequent catarrhs and is sometime caused by worms.

In many cases epistaxis is preceded by the following precursory symptoms: glowing redness of the face, pressure in the temples and nape of the neck, vertigo, ringing in the ears, scintillations, increased throbbing of the carotids and temporal arteries, increased warmth, itching and feeling of fulness in the nose. The blood is discharged from one or both nostrils, in greater or less quantity, drop by drop or in a stream. Generally the blood flows from the nostrils, sometimes it is discharged into the mouth, during sleep for instance, causing cough and vomiting by irritating the

air-passages; a discharge into the mouth takes place more particularly when the bleeding vessels are situated in the posterior part of the throat. On bending the head forward, the blood is discharged by the nose, except when the nose is stopped up with lumps of blood in which case the blood flows out of the mouth. Sometimes a quantity of coagulated and fluid blood suddenly rushes out of the mouth during a paroxysm of cough and vomiting. Sometimes plugs of blood form, which are hawked up.

Robust and plethoric subjects, persons with irritable nerves, slender form of body, scrofulous disposition and phthisicky habit are likewise predisposed to epistaxis; in some this predisposition is hereditary.

The disease may be occasioned by the action of heat upon the head, by spirituous drinks, strong odours, violent mental exertions, fright, mortification, &c., by a cold, tight cravats, corsets or stays, goître, &c.

§ 106. Beside several antipsorics which I shall mention hereafter as the best remedies to eradicate the disposition to epistaxis, I have always used with success for the arrest of the hæmorrhage: *Aconite*, *China*, *Puls.*, *Cina*, *Rhus tox.*, *Arnica*, *Bellad.*, *Bryonia*, *Crocus*, *Moschus*, *Nux vom.*

I have frequently succeeded in preventing the bleeding by a single dose of *Nux vom.*, when the above-mentioned symptoms of congestion of the head set in, which were known to be usually followed by a discharge of blood from the nose. Olfaction was sometimes sufficient to attain my purpose. A few doses of Nux, at rather long intervals, were sufficient in a few cases, to remove the affection entirely, particularly in plethoric and irritable individuals.

Aconite is always indicated when symptoms of plethora and vascular irritation prevail. *Rhus t.*, *Bryon.*, *Mercur.* and *Bellad.* deserve a preference when the bleeding wakes the patient at night and is accompanied by a violent rush of blood to the head. *Crocus* should likewise be recommended when this latter symptom prevails and when the blood is black and

viscid. *Rhus tox.* is sometimes useful when the bleeding takes place in consequence of stooping, violent blowing of the nose, hawking, &c. *Bellad.* and *Bryon.* when the bleeding takes place in the morning. *Sabadilla* will prove useful when a bright-red blood is hawked up from the posterior nares; *Nux. vom.* may likewise be tried when this symptom prevails. *Bryonia* is frequently found useful in epistaxis which is occasioned by a sudden suppression of the menstrual discharge. *Pulsatilla* always proved effectual in my hands when the bleeding came on every evening or before midnight, or when it attended a frequent alternation of dry and fluent coryza. *Arnica* and *Cina* were successfully employed when frequent discharges of worms led me to the belief that the disease was occasioned by the irritation induced by those animalculæ; in this case the patients experienced a good deal of itching and titillation in the nose, obliging the patient to rub the nose and bore with his fingers in it, until the bleeding commenced. *China* always helps when the bleeding seems to depend upon atony of the vessels, occurs very frequently and continues for a long time; it is likewise useful to remove the debility which sometimes remains after the bleeding. *Crocus* speedily arrests a sudden and violent discharge of bright-red blood from the nose, attended with great debility. *Dulcamara* is not to be forgotten under these circumstances. The most violent bleeding from the nose, with incipient depletion and spasmodic jactitation of the muscles, was in a few minutes relieved by me by means of *Moschus.* The following symptoms point to *Lachesis*: bleeding from the nose for three or four days, previous to the appearance of the menses; discharge of a few drops of blood from the nose, particularly after boring in the nose with the finger, or in the evening on blowing the nose; discharge of blood on blowing the nose, early in the morning, after or during headache near the eyes, or succeeded or attended by congestion; discharge of drops of blood

from the nose on blowing it; a thick, dark-red blood flows out of the nose.

A permanent cure was sometimes effected by *Nux vom.;* generally however the antipsorics were necessary to attain that end. In some cases *Sulphur* alone effected a cure; in others it had to be accompanied with *Ambra, Graphites, Sepia, Lycopodium, Nitri acidum, Phosphorus, Silicea* and *Carbo veg.*

§ 107. *Hæmoptysis, hæmoptoë, hæmorrhage from the lungs.*

By these terms is meant every discharge of blood from the larynx, trachea, bronchi, lungs, the blood being generally discharged by the mouth.

This kind of hæmorrhage is generally preceded by precursory symptoms, such as: a feeling of fulness, pressure, tension, oppression, stitching, tickling, burning, ascension of warmth or vascular orgasm in the chest or under the sternum, sometimes about the neck or between the scapulæ, with difficulty of breathing, palpitation of the heart, anguish; it is difficult for the patient to take an inspiration, though he is constantly disposed to do so; there is a short, dry, hacking cough, the cheeks are red, the taste is saltish, bitter or sweetish, or it is a strange taste, a taste as of blood; frequent alternation of shuddering and heat, trembling, spasmodic symptoms.

The nature of the hæmorrhage varies a good deal. The discharge of blood is generally attended with cough, and takes place in paroxysms; sometimes the cough is very slight and amounts to a mere hawking when the discharge of blood is very copious. In most cases the discharge of blood is accompanied with a peculiar noise in the windpipe, or with the sensation as if the blood came from the inmost parts of the chest, or as if hot vapour were rising in the lungs. The blood generally looks bright-red, it is fluid and frothy; at first it is unmixed, but towards the termination of the attack it is mixed with a frothy mucus. If the hæmorrhage should be considerable, the respiration

becomes whizzing and rattling. The attacks sometimes intermit for days, weeks and months, sometimes only for a few hours. As regards quantity, there is a good deal of difference; sometimes the mucus is simply streaked with blood, at other times pure blood is discharged. A slow, gradual discharge of blood is termed hæmoptysis; a sudden discharge of a quantity of blood is termed hæmorrhage.

§ 108. Persons with a deformed thorax are more particularly predisposed to hæmorrhage from the lungs; tight lacing is likewise a predisposing cause. Hæmorrhages take most frequently place between the ages of 16 and 40, particularly in persons with a phthisicky disposition; the cause of this is probably because the development of the thoracic organs takes place during that period and there is a natural tendency to congestion of the lungs at that period. This period sets in sooner in females than in men; in the former the thoracic organs are naturally relieved of their congested state by the menstrual discharge. A plethoric constitution is another predisposing cause for hæmorrhage; musicians, ministers, millers, stonecutters, miners, workers in metal, &c., are more especially liable to this disease.

Exciting causes: Heating, spirituous drinks; violent bodily exertions; dancing, singing, sounding of wind-instruments; high temperature; great loss of animal fluids, for instance after long nursing; suppression of natural discharges of blood; inhalation of acrid dust, etc. Pulmonary hæmorrhage frequently takes place during pregnancy, or in consequence of disorganizations of large vessels, particularly of the aorta, and other thoracic vessels.

Pulmonary hæmorrhage is always doubtful as regards prognosis. The prognosis depends upon the age, constitution and sex of the patient, upon the more or less frequent occurrence of the hæmorrhage, upon the quantity of the blood discharged, upon the continuance or cessation of the exciting cause, and

upon the accompanying symptoms. Frequently recurring hæmorrhages sometimes lead to phthisis.

§ 109. *Treatment.:* I do not speak of a discharge of blood which takes place after violent coughing, but of the discharge which is accompanied only by a little hawking, and which is preceded by vascular orgasm in the chest continuing even during the hæmorrhage. The hæmorrhage is accompanied with a feeling of fulness, burning, palpitation of the heart, anxiety and restlessness, the restlessness being worse on lying down; by a feeble, wiry, scarcely perceptible pulse, with pale face and expression of anguish in the countenance; the blood is discharged in large quantities at short intervals. *Aconite* is the best remedy for these symptoms. Two or three minutes after the exhibition of the remedy, the above mentioned symptoms frequently abate, the anguish, restlessness, palpitation of the heart, and vascular orgasm disappear, and the danger is momentarily warded off. The symptoms sometimes recur in two or three hours, when another dose of Aconite is required. Aconite is the best means to remove the impending danger. A few more doses of Aconite should be continued, if the symptoms should not be entirely removed; after which a small dose of *Ipecac.* may be given, if a taste of blood remain in the mouth, or if the patient should complain of a slight hacking cough, attended with expectoration of blood-streaked mucus. *Arsenicum album* proved the best remedy in a case characterized by the following symptoms: feeling of anxiety, vascular orgasm in the chest, palpitation of the heart, these symptoms becoming particularly distressing about midnight, disturbing sleep and spreading a burning heat over the whole body; Ars. removed these symptoms for several weeks, and proved effectual during a second and third attack after an appropriate intermediate remedy had been given.*

---

* Hartmann considers it necessary to give an intermediate remedy before repeating the Arsenic. I have treated, with the most perfect success, cases of typhus biliosus with nothing but Arsenic, varying rom the 30th to the 1st attenuation.—*Hempel.*

Ferrum acet. proved an excellent remedy when the patient had a jaundiced appearance, complained of great dyspnœa, particularly at night, with tearing pains between the shoulder-blades, slight hawking attended with expectoration of small quantities of pure blood.

Arnica is an excellent remedy for hæmoptysis, when it is occasioned by physical injuries, and is attended with the following symptoms: discharge of coagulated and blackish-looking blood, without much cough or great exertions, attended with stitches, burning, contractive pains in the chest, vascular orgasm, palpitation of the heart, heat in the chest, debility, fainting fits; sometimes a cough is present which seems to be excited by an irritation under the sternum, and is attended by hawking resulting in the discharge of a bright-red, frothy blood which is sometimes mixed with lumps of blood and mucus.

Millefolium is an invaluable remedy in every sort of hæmorrhage, and likewise in pulmonary hæmorrhage, particularly in the case of robust female patients, when they spit up blood without coughing, or the cough is very slight and seems to be owing to the presence of the recently accumulated blood; a fermenting sensation in the chest is sometimes present, and a sensation as if warm blood were rising in the throat; this sensation continues until the blood is actually discharged. Latterly I have given *Aconite* for this group of symptoms, and have been much more successful in removing it.

Ledum palustre helps when the following symptoms are present: violent cough with profuse discharge of a bright-red blood, hissing and rattling sound in the windpipe, seated, burning pain at some spot in the chest.

Hyosciamus is said to be a good remedy for hæmoptysis; I have never used it.

Plumbum, next to which comes *Stannum*, is excellent in the case of phthisicky patients, when pus and

blood are discharged from the lungs, with crampy stitching pains in the chest.

China is not to be forgotten. It removes the debility which sometimes remains after hæmoptysis, but is likewise useful for the disease itself.

Rhus tox. is indicated for habitual hæmoptysis, when large quantities of coagulated or bright-red blood are sometimes discharged, attended with a feeling of qualmishness and distress in the lower part of the chest; the patient complains of chilliness, general debility, etc. *Pulsatilla* deserves a preference over Rhus when a black, coagulated blood is discharged, particularly in the morning, the sputa is mixed with other substances and dyspnœa is present. *Sabina*, *Belladonna*, *Drosera*, *Bryonia*, *Digitalis*, *Hep. sulp.*, *Mezereum*, *Dulcamara*, are likewise to be mentioned, the last remedy particularly after a cold.

When symptoms of congestion of the chest are present, with excessive debility, constant titillation in the larynx inducing cough, *Belladonna* is an excellent intermediate remedy.

For inveterate, chronic hæmoptysis, the antipsorics are required. *Carbo veg.* is excellent when the discharge of blood is attended and succeeded by a burning sensation in the chest. *Phosphorus* is particularly useful in the case of females when the menses were either arrested or flowed very scanty. *Ammonium carb.* is excellent when the discharge of blood is attended with dyspnœa, arthropnœa, continuing even after the cough. *Calc. carb.*, *Sepia*, *Acidum sulph.*, *Magnes. carb.*, and other antipsorics deserve to be recommended in hæmoptysis; each remedy requires of course to be chosen in accordance with the symptoms.*

HÆMORRHAGES OF THE CHYLOPOETIC SYSTEM.

§ 110. *Hæmatemesis, vomitus cruentus, melæna, morbus niger, Hippocratis, hæmorrhagia ventriculi et tractus intestinorum. Vomiting of blood.*

Schœnlein distinguishes vomitus cruentus (vomiting

* See the cure of hæmoptysis effected by Squills, p. 840, *Hempel's Jahr.*

of blood from the stomach), melæna, morbus nig. Hip. (black disease), and proctorrhœa (hæmorrhage from the rectum). This cursory division is sufficient for all practical purposes. Particular indications for the employment of special remedies in particular cases will be furnished as we proceed.

By the above terms we understand a hæmorrhage from the vessels of the œsophagus, stomach and of the organs situated between the diaphragm and umbilicus, the blood being either discharged by the mouth or bowels. Hæmatemesis is an extremely acute disease, which may become chronic by its frequent recurrence.

Congestive stage: Precursory symptoms are: heaviness, pressure, fulness, tension, pains, spasms in the region of the stomach and in the hypochondria, oppression and anxiety particularly after eating, and when making pressure on the stomach; deranged taste, appetite and stool, fits of nausea, vomiting, fainting turns, vertigo and other nervous symptoms, the pulse is a times intermittent, at times stronger than before, considerable throbbing in the pit and region of the stomach; frequent attacks of colic, burning heat in the abdomen, generally in the region of the stomach. A number of these symptoms are present during the attack; cold sweats, hippocratic countenance and other symptoms of increasing debility soon supervene. Sometimes the region of the stomach and abdomen is either partially or totally distended and hard, painful. Cough is sometimes present.

Stage of the hæmorrhage: Generally the vomiting returns in paroxysms. Sometimes the patient feels distinctly that the blood is accumulating in the stomach; he feels qualmish and full in the pit of the stomach; the vomiting of blood is usually accompanied with the discharge of a black, coagulated blood by the bowels. The vomiting is attended with nausea, pains in the stomach and fainting turns; the patient sometimes vomits up every thing he takes into his stomach; the discharge of blood by the bowels is attended by colic, diarrhœa or retention of stool. I had

case where nothing was passed by the bowels for five days except blood. The blood which is vomited up, varies according as it is more or less recent; arterial blood, when vomited up immediately, is red, bright and fluid; venous blood, after it has remained for a time in the stomach and intestinal canal, becomes dark, black, putrid, and altered in various ways. The quantity of the blood discharged varies likewise: from a few ounces to several pounds. The quantity is so much larger the more frequently the vomiting occurs, and the more serious are the organic defects upon which the vomiting depends.

After the vomiting of blood, which takes place in several turns, the patient feels relieved of the abdominal distress which he experienced previous to the vomiting, but he is very much exhausted. A violent hæmorrhage from the stomach brings on all the symptoms of depletion; the umbilical region becomes distended, the whole body becomes cold and pale, the lips turn white; fainting turns, cold sweats, great debility set in. Unless help is speedily afforded, death soon takes place; if recovery should take place, it is very slow, and sometimes terminates in cachectic diseases, consumption and dropsy.

§ 111. The course of this disease varies a good deal. Where it appeared once, it generally comes on again after a longer or shorter interval; sometimes there are several paroxysms in the course of a day. The duration of the disease varies likewise. It sometimes destroys the patient during the first attack; but it frequently lasts weeks, months and even years.

A predisposition to this disease exists among middle-aged or old people, and more frequently among males than females; when occurring among the latter, it is generally accompanied with disturbance of the menstrual functions. Cachectic and nervous individuals are likewise exposed to such attacks.

The disease is occasioned by the following causes: stimulating and heating drinks; excessive heat; sedentary mode of life; unhealthy, damp dwellings; depressing emotions; bad food, excessive eating and drink-

ing, etc. Also by: suppression of the menses in consequence of a cold; sudden cessation of the menses at the critical age in plethoric persons; suppression of chronic eruptions; organic affections of the liver and spleen; local mechanical and chemical causes.

The disease is very apt to pass into some chronic form of disease, provided the patient survives the first attacks. The prognosis depends upon the age, sex and constitution of the patient, upon the cause of the disease and the greater or lesser chance to remove it. The prognosis is unfavourable when the disease is caused by organic defects; it is more favourable when no cause is apparent, and the patient is not too old and debilitated.

§ 112. The treatment of a melæna is very difficult, and requires the greatest case and a perfect knowledge of the appropriate remedies. I shall first describe the treatment of a case which occurred in my own practice; I shall then speak of the treatment of other physicians and finally mention the various remedies that have been proposed for this disease.

My patient was a man of sixty, with a plethoric, bilious constitution; he had had several attacks before, but less violent. When I called he was throwing up a quantity of dark-coloured blood, after which he sank back upon his bed in a fainting state. Another attack occurred a short time after, the debility increasing. The blood which he threw up in three consecutive attacks, filled half a chamber. After the third attack there was still a violent throbbing in the pit of the stomach, nausea, eructations, the patient's skin was cold, the face collapsed, the breathing was moaning and sighing. I gave him a drop of China 18. Another slight paroxysm occurred three hours after taking the medicine. Next morning the patient was able to speak a few words, the qualmish feeling was less, but he complained of a burning sensation in the region of the stomach; the moaning had ceased, but the throbbing in the pit of the stomach was still perceptible; the nausea increased by the least motion,

and was likewise worse at night as well as all the above-mentioned symptoms. The patient had no appetite; stool was suppressed, he complained of great thirst. I allowed the China to act four days, but there was no improvement; on the contrary, the attacks continued twice a day, and discharges of black, coagulated blood by the bowels took place. The burning pain in the region of the stomach, the thirst, the throbbing in the pit of the stomach, the paroxysms of anguish, etc. seemed to indicate *Arsenic*, which I gave the patient on the fourth day. Five days after taking the Arsenic, the patient was able to leave his bed. Two days after taking the Arsenic, the bloody stools ceased, and fæces were discharged. The throbbing and the burning in the pit of the stomach continued even a fortnight after giving the Arsenic. *Calc. carb.* seemed to do some good; but *Carbo veg.* removed all the symptoms. *

Dr. Gross treated a similar case with *Nux vom.*, *Bellad.* and *Stannum.* The patient recovered entirely, but had another attack some years after. The aforesaid medicines were of no avail this time, and the patient was finally cured by means of the antipsorics.

The following remedies are useful in this disease:

Nux vom. is adapted to plethoric constitutions with tendency to costiveness. It is particularly indicated in chronic affections of the stomach characterised by violent vomiting mixed with arterial blood.

Arnica is suitable to persons with robust constitutions and a sanguine-choleric temperament; it is particularly indicated by vomiting of coagulated, dark blood with a bruised feeling in all the limbs.

Hyoscyamus is useful in vomiting of arterial blood induced by a cold, accompanied with spasmodic pains and congestions of the chest and head.

---

* The specific remedy for this case was *Aconite*. The throbbing, burning, anguish, the bloody discharges, all indicated Aconite, which would have cured the patient at once, whereas in the above case the cure was solely and exclusively effected by Nature. See my Organon. — *Hempel.*

Veratrum corresponds to the following symptoms: The patient has to sit or lie all the time; on sitting up he experiences the most frightful anguish, with nausea and cold sweat, even a fainting feeling; he is exceedingly low-spirited; vomits black bile and blood; attended with violent, bloody stools.

Millefolium is a well known remedy for all kinds of hæmorrhages.

Cantharides corresponds to vomiting of blood with violent retching, violent pains in the stomach and abdomen, tossing about as if beside himself, excessive debility. Aconite is frequently indicated in discharges of blood, particularly by the bowels. Discharges of black-red, coagulated blood point to Aconite.

Mezereum may perhaps be found serviceable in some cases of consensual vomiting of blood, depending upon inflammation or disorganization of the stomach. *Phosphorus*, *Natrum mur.*, *Cicuta virosa*, *Sulphur*, *Lycop.*, *Zincum* and several other antipsorics are useful remedies for hæmatemesis.

HÆMORRHAGES FROM THE URINARY ORGANS.

§ 113. *Hæmorrhagia renalis, mixtus cruentus, urina sanguinea, hæmaturia. Bloody urine.*

By these terms we designate a hæmorrhage from the kidneys, ureters, bladder, but not from the urethra.

It is easy to discover the blood in the urine, but it is not so easy to determine the organ from which the hæmorrhage proceeds. The blood is always mixed up with the urine, and the emission of urine is attended with urging and straining. When the hæmorrhage proceeds from the kidneys, the urine is more or less red, sometimes brown or black, generally rose-coloured; the blood remains mixed up with the urine, except when it is discharged in a very large quantity, in which case part of the blood settles in the chamber in the shape of an incoherent pap; pure blood without urine is very seldom discharged; the urine sometimes contains small lumps or fibres of blood. The

blood is generally discharged in quantities of one or more pounds, without pain in the bladder, but the discharge is accompanied and succeeded by pressure, tearing, drawing or spasmodic sensations and pains in the renal and lumbar regions, various distresses in the abdomen, oppression and anxiety, numbness of the thighs, drawing up of the testicles, constipation and various other symptoms, differing according as the disease was caused by different causes. A hæmorrhage from the ureters is very difficult to diagnose, and occurs very seldom. The symptoms are generally the same as in hæmorrhage from the kidneys, except that the drawing, tensive pains extend from the lumbar region to the pelvis along the ureters, accompanied with ischuria, and sometimes with nausea and vomiting. In hæmorrhage from the bladder, the distress is generally confined to the region of the bladder. The patient complains of spasms in in the bladder, ischuria, sometimes violent burning and pains in the bladder, perineum, penis and anus, during and after micturition; there are symptoms of stone in the bladder, though a stone is not always present. Excessive difficulty of emitting the urine is accompanied with great anguish, cold sweat, chilliness, debility, fainting. The urine is dark-coloured, dark-red, fibrinous, opalescent, and frequently mixed with mucus, and sometimes with pus or lumps of flesh; the blood does not impart its colour to the urine entirely, is not thoroughly mixed with it, sometimes floats in the urine in the shape of flocks, and soon settles at the bottom of the chamber in the shape of a coherent mass, generally in small quantity, blackish, coagulated lumps, or as a fluid, red and clear substance. In some cases the blood is passed unmixed, without urine; sometimes it accumulates in the bladder in a coagulated form, inducing retention of urine.

§ 114. Predisposing and exciting causes: Renal calculi, inflammation of the kidneys, mechanical injuries, concussion of the kidneys, etc., menstrual ir-

regularities, critical changes of the menses, derangement of the hæmorrhoids, are likewise predisposing causes. Hæmaturia is brought on by over-heating one's-self, by violent exercise, such as riding on horseback or in a carriage over bad pavement, by the use of spirituous drinks and strong spices; by the internal and external use of Cantharides, by eating asparagus, garlic, or by the immoderate enjoyment of the sexual passion.

The disease is apt to recur, particularly in old people. The frequent recurrence of the disease leads to the formation of ulcers and organic diseases of the kidneys. Passive hæmorrhages from the kidneys are more doubtful than active. The prognosis depends likewise upon the possibility of removing the cause of the disease; it likewise depends upon the age of the patient, upon the duration and recurrence of the hæmorrhage; upon the accompanying symptoms. A bad symptom is the coagulation of the blood in the bladder; this is accompanied by the most frightful pains and spasms, even by fatal ischuria.

§ 115. The treatment depends upon the exciting cause. If the hæmorrhage should be a mere symptom of inflammation, the remedies for this disease will have to be employed (see first part) *Arnica* is the best remedy when the hæmorrhage had been exclusively caused by external violence, by a blow, etc., applied to the region of the kidneys or bladder. If the disease should depend upon the abuse of spirits, *Nux vom.* is the best remedy to quiet the symptoms at least momentarily. If excessive use of the sexual passion should have caused the disease, the patient has to discontinue this practice, and use a few doses of *China*. *Camphor* is to be given when the disease is caused by Cantharides, whether used as an internal medicine or as a vesicatory.

The principal remedy for this disease, provided no particular cause exists, is undoubtedly *Cantharides*, which not only corresponds to the bloody urine, but also to the distress accompanying the emission. The

most usual pain which a discharge of blood from the urethra causes in this organ, is a burning, which is so much more painful, as little blood is passed; hence the greatest pain is experienced when the blood is discharged in single drops. This difficulty of passing the urine, sometimes depends upon a little coagulated blood clogging up the vesical orifice of the urethra, sometimes upon a spasmodic contraction of the sphincters; in the former case, bloody fibres or lumps of black, coagulated blood are discharged, as long as any of that blood remains in the bladder; afterwards a clear pure blood is discharged. In the latter case relief can be obtained by fomenting the region of the bladder and the sexual organs with the vapours of hot milk or water. *Cantharides* will prove useful in either case when the affection is attended with cutting, pressing and spasmodic pains from the region of the bladder along the ureters to the kidneys. *Cantharides* are likewise indicated when the blood is discharged from the kidneys and ureters accompanied with burning, stitching, drawing, very acute pains in the lumbar and renal regions.

Mezereum corresponds to the same symptoms as Cantharides, except that the distress and the discharge of blood are less. The blood is not coagulated, but the effusion is recent. Previous to the emission of urine the patient feels a crampy pain in the region of the bladder, and the emission of urine is followed by the discharge of a few drops of blood.

Pulsatilla relieved a case with the following symptoms: burning pain at the orifice of the urethra; contractive and cutting pain about the umbilicus, extending to the small of the back, where the pain was most violent and lasted longest; the scrotum and penis were drawn up spasmodically, and a similar spasmodic pain was experienced in the right thigh from the knee to the groin.

In one case *Uva ursi* afforded relief; blood and mucus were discharged, the patient was costive and the emission of urine was accompanied by a painful

urging. I had 50 grains of the leaves of the plant boiled with one pound of water, and gave the patient a tablespoonful every three hours. I resorted to this proceeding when the homœopathic practice was still in its infancy.

Terebinthina deserves consideration when the discharge of blood is attended with violent burning and drawing pains in the kidneys, a spasmodic urging and pressing in the region of the bladder, this pain sometimes extending to both kidneys, particularly while the patient is seated, and passing off by exercise; the drawing pains in the kidneys sometimes extend to the hip; previous to micturition the patient experiences during rest a dragging and cutting in the bladder, which pain is relieved by exercise in the open air, but alternates with a similar pain near the umbilicus. The burning in the bladder, which was slight at first, gets worse and worse, becomes intolerable during micturition, and is felt even in the urethra.

It is expedient to give the medicines in as small doses as possible, and to repeat them as often as necessary.

Squilla, Mercurius sol. and *Hep. sulph.* are said to have effected cures of this disease.

I am unable to say whether Merc. and Hep. are of any use in hæmorrhages from the kidneys; they may be found useful in hæmorrhages from the urethra.

Cannabis corresponds to hæmaturia accompanied with retention of urine, or dysuria, particularly at night, and with burning, smarting, stinging during micturition. As regards *Capsicum*, I have nothing to say from my own experience.

Among the antipsorics, *Lycop.*, *Sulphur*, *Zincum*, *Conium*, *Calc. carb.* and *Phosphorus* will be found most useful.*

§ 116. *Stymatosis, urethrorrhagia, hæmorrhagia urethræ. Hæmorrhage from the urethra.*

The blood is generally discharged without, very

* Also *Sepia*—*Hempel.*

rarely with urine, unexpectedly, spontaneously and without pressing, very rarely with this distress, or with any kind of local pain, sometimes with a kind of voluptuous feeling, the penis being generally relaxed, frequently, however, erect and becoming relaxed during the emission of blood, for instance while the blood is discharged during an embrace, or during an involuntary emission. Burning, and spasmodic contractions during and after the emission of blood, occur very seldom, perhaps only when the discharge of blood is accompanied by suppression of the piles. The blood varies as regards colour and quantity; at times it is fluid, at others coagulated, generally it is discharged in drops, or in a continuous stream, after light exercise; sometimes the discharge is considerable and is attended by exhaustion, convulsions, coldness of the extremities, fainting fits, etc. The blood is generally discharged before the urine, or it can be squeezed out by stroking the urethra. In some cases a peculiar sensation at a particular spot of the urethra seems to indicate the place whence the blood emanates; this spot is painful to pressure and during an erection.

The principal cause of this affection is local or general debility. It is principally met with in men; sometimes at periodical intervals, particularly among old people suffering with hæmorrhoidal irregularities, or in consequence of copious loss of semen, onanism, excessive embraces, frequent gonorrhœa, ulcers in the urethra, or it occurs as a symptom of gonorrhœa, (chordée) in persons who were suffering with violent erections, nocturnal emissions, or who had resorted to excessive masturbation or embraces; in this case a red-streaked mucus is discharged, sometimes, however, a quantity of blood; the bleeding spot is generally situated near the neck of the bladder.

The blood is sometimes discharged from the vessels of the prostrate gland and the vesiculæ seminales, particularly in young and old debauchees, after excessive embraces, onanism; in this case it is frequently passed together with semen.

§ 117. The treatment depends in a great measure upon the exciting cause. *Arnica* is the best remedy when the disease was caused by a mechanical injury; *China*, when the weakness arose from excessive indulgence of the sexual passion, or from self-indulgence, nocturnal emissions, the blood being passed with or without semen. *Cantharides* sometimes remove the disease when it is a mere symptom of gonorrhœa. *Sulphur* seemed to be more suitable in a few of such cases, and is generally indicated when the disease arises from hæmorrhoidal irregularities; *Nux. vom.* is likewise a proper remedy for this condition.

The above-mentioned remedies may likewise prove useful when the exciting cause is unknown. Beside these remedies *Mercurius sol.* is indicated, when blood and semen are discharged, not during an embrace but in nocturnal emissions. *Ledum palustre* and *Mezereum* correspond to a similar condition.

In the case of a man of 37 years, where blood and semen passed off during an embrace, the cure was effected by the higher attenuations of *Nux*, *Sulphur* and *Caust.*, at suitable intervals. *Calc. carb.*, *Cannabis* and *Lycop.* should not be forgotten.

§ 118. *Hæmorrhoidal disease. Hæmorrhoids, piles.* Hæmorrhoidal disease and hæmorrhoids bear the same relation to each other as arthritis and local gout, scrophulosis and scrofula. They are to each other as cause and effect.

The disease is generally speaking of a dynamic nature, the piles being merely the local symptom. The hæmorrhoidal discharge is nevertheless an imperfect crisis, though it frequently affords great relief.

This disease frequently lasts during a man's lifetime. A cure is possible only when the disease is not hereditary and the cause of the disease can be removed. It is not of itself fatal, but may become so by hæmorrhage or by occasioning a metastasic congestion of noble organs. In many cases the piles

constitute a most salutary critical discharge both in acute and chronic diseases.

The hæmorrhoidal disease is very general, and is the source of a great many chronic diseases.

The rectum is the principal seat of the disease; its characteristic symptom is a congestion of the vessels ramified over the lower extremity of that organ.

Hufeland distinguishes four principal forms of the hæmorrhoidal disease: 1) disposition; 2) fully developed local disease (flowing or blind piles); 3) suppressed piles; and 4) irregular piles, the irregularity referring either to the locality or character of the disease.

In therapeutic respects this division is of no importance. I shall therefore take very little notice of it in describing the treatment of this disease, and simply devote a special chapter to hæmorrhoids of the bladder.

There is no essential difference between blind and flowing piles; the difference consists in a longer or shorter, weaker or stronger congestion of the vessels. The sacral nerves are involved in the disease; the nervous affection is characterized by the following symptoms: more or less violent pain, drawing in the small of the back and loins, beating, burning, tearing, stinging, itching, sensation of fulness and swelling in the rectum, sudden stitches shooting through the pelvis, spasm and tenesmus of the anus, varicose distention of the hæmorrhoidal vessels; itching, gnawing, troublesome sweat of the perineum, etc.

The discharge of blood induces a sensation as if a warm wind were rushing out of the rectum, or as if single drops of warm water were discharged. Generally fæces are passed first, afterwards blood, either pure or mixed with mucus and fæcal matter; the fæces are generally very hard. The blood is discharged periodically, sometimes regularly every four weeks, or every three months, sometimes only every spring and fall, or only once a year, or every week; sometimes the blood is discharged without

regularity, after particular causes. Every new discharge of blood is preceded by the above-mentioned pains; these abate, however, as the blood is discharged more frequently, until the discharges become at last perfectly painless.

The blood which is discharged has a peculiar offensive smell, particularly when the disease is violent; in which case the blood sometimes is very acrid. Generally the blood is bright-red, fluid, and becomes black and coagulated after remaining for some time in the rectum. Sometimes a few drops are discharged, with a sensation as if a warm fluid were dropping out of the rectum; at other times, however, the loss of blood amounts to a debilitating hæmorrhage.

§ 119. Males are more liable to this disease than females. The former are more exposed in consequence of the use of various stimulants, such as spirituous drinks, etc. Females are protected by the menstrual discharge. The disease is more frequent in middle-aged people than at any other period of life; it is likewise hereditary.

Exciting causes are: the use of spirituous stimulants and coffee; spices, acrid vegetables; abuse of cathartics and drastics (under allœopathic treatment), such as aloës, rhubarb, jalap, colocynthis, etc. Other causes are: depressing emotions, excessive mental exertions, deep meditations with sedentary mode of life, relaxing food and drink, excessive use of tea; flatulent food, constant compression of the abdomen in persons leading a sedentary life, literary men, artists, etc.

The disease frequently occurs in persons suffering with constipation, worms, ascarides; or in persons wearing tight clothes, stays; pregnancy is another cause of the disease.

§ 120. A radical cure is scarcely ever possible. It depends a good deal upon the relation existing between the physician and patient, upon the influence which the physician has over his patient, etc. I for-

bear going into particulars in reference to this subject, and shall content myself with mentioning the remedies which we know from long experience to be the best palliatives for this distressing affection.

Nux vomica frequently removes flowing or blind piles, particularly when the disease is occasioned by the abuse of stimulating drinks, wine, brandy, beer, coffee, or by mental exertions with sedentary life, constant compression of the abdomen, or even by the passage of hard fæces, by worms, particularly ascarides (in the latter case *Valeriana*, *Mercur.*, *Ignat.*, *Marum verum*, etc. may prove useful). *Nux* is likewise indicated when the disease is caused by pregnancy, swelling of the abdominal organs, organic defects of the rectum and adjoining parts. *Nux vomica* is more particularly indicated by the following symptoms: hæmorrhoidal tumours with burning-stinging pains, constrictive sensation in the rectum, narrowness of the rectum on passing the fæces; jerking, dull stitches in the small of the back and ischia; bruised pain in the small of the back on making the least motion, causing the patients to cry out, and permitting them only to walk and stand in a stooping position; pure blood is passed with the stool or afterwards, accompanied with a constant urging to stool.

Belladonna is indicated in flowing piles, by intolerable pains in the small of the back, sensation as if the back would break. Sometimes the pains are removed by Belladonna, sometimes only modified, so that *Hepar sulph.* is indicated, afterwards. *Rhus tox.* is sometimes preferable.

Sabina, which is an excellent remedy for hæmorrhage generally, is likewise admirable in profuse piles, with discharge of bright-red blood or blood mixed with mucus, particularly when the following symptoms are present: cutting pain deep in the abdomen, pressing pain in the sphincter ani, constant urging to stool, creeping and burning in the anus, paroxysms of stitching pain in the small of the back, obliging the patient to stoop for a time; burning,

drawing, sometimes aching pains in the small of the back.

Millefolium will sometimes prove useful in cases similar to Sabina.

Capsicum proved useful in some cases of flowing piles, where the discharge of blood continued for some days and was accompanied by violent burning pains, which, however, took place only when considerable hæmorrhoidal tumours were present; I found it also indicated when the evacuations consisting of little fæcal matter and a quantity of bloody mucus, were preceded by colic as if from flatulence. A standing symptom in piles are drawing pains in the back and small of the back. *Arsen.* seems to be the best remedy, when the bloody discharges are attended with burning pain, and great prostration and debility. Latterly I have employed *Carbo veg.* for such symptoms, especially when a violent congestion of the head and bleeding of the nose were present, and the patient complained of constant discharges of mucus from the anus, staining the linen. *Antim. crud.* likewise proved serviceable for this group of symptoms.

Aconite should always be given when the discharge of blood is accompanied with vascular irritation. Aconite corresponds to discharges of blood from the hæmorrhoidal and other vessels, to a sensation of debility in the bowels as is induced by a cathartic, stinging and pressure in the anus, tensive and aching or colicky pains with a feeling of fulness deep in the abdomen, bruised feeling in the sacral and lumbar bones, and various other symptoms, which frequently attend the hæmorrhoidal discharge.

Chamomilla may be tried for flowing piles, with compressive pain in the abdomen, frequent urging to stool with occasional diarrhœic evacuations, drawing-tearing pains in the small of the back, particularly at night.

Pulsatilla corresponds to discharges of blood and mucus, with painful pressing in the hæmorrhoidal tumour, pains in the back, livid complexion, fainting feeling, particularly when these symptoms occur in slen

der and sensitive individuals. *Mercurius* might likewise be useful in such a case.

Cantharides will probably prove ineffectual unless a crampy pain in the abdomen and region of the bladder is present.

The principal remedies for old, distressing hæmorrhoidal tumours, which frequently swell up and protrude, are: *Nitr. acid.*, *Calc. carb.*, *Acid. mur.*, *Lycop.*, etc. When the tumours are burning and painful, *Carbo veg.*, *Arsen.*, *Phosphor.*, *Acid. sulph.* and *Graph.* should be given, Phosphorus particularly when the burning is experienced while sitting and lying. *Graphites* and *Acid. sulph.* correspond to itching and humid tumours.

Sulphur is one of the most important remedies for blind or flowing piles; it is indicated by the following symptoms: constant urging to stool which continues even after a diarrhœic or bloody evacuation, accompanied with a most distressing stinging soreness in and about the anus; the tumours are burning, humid, and occasion a fulness in, and falling of, the rectum. Violent stitching pains in the back and small of the back are present, with stiffness in the small of the back, like tension, as if the parts were too short, the patient sweats after the least motion, and at night; walking fatigues him even unto fainting; burning pains in the urethra previous to and after micturition are frequently present. *Sulphur* is likewise the principal remedy for hæmorrhoidal colic with spasmodic contractive pains in the abdomen around the umbilicus, extending to the chest, pelvis and sexual organs, accompanied with cutting and stitching.

Ferrum, *Antim. crud.*, *Cuprum*, *Acid. mur.*, *Calc. carb.*, *Phosphor.*, *Sepia*, *Carbo veg.*, *Ammon. carb.*, *Caust.*, *Lycop.*, *Natrum mur.*, *Colocynth.*, *Baryt. carb.* *Borax*, *Graph.*, *Nitr. acid.*, *etc.*, should likewise be mentioned as useful remedies for the hæmorrhoidal disease.

For the particular indications of these remedies I refer the reader to the provings. The symptoms of

the hæmorrhoidal disease are so various, that it is impossible to describe them minutely in this treatise; a whole book would scarcely be sufficient for such a task.

§ 121. *Hæmorrhoids of the bladder.*

This affection is most frequently met with in old people, less frequently among females; it results either from suppression of the piles or from a peculiar weakness and irritability of the genital organs. The disease is frequently, but at irregular periods, accompanied with more or less distinct hæmorrhoidal symptoms, or it alternates with hæmorrhage from the anus.

Hæmorrhoids of the bladder are always accompanied with urinary difficulties, burning during micturition, involuntary emission of urine, spasmodic, tensive, pressing pains in the region of the bladder and urethra, which are sometimes very acute; pains, burning, tension in the anus, small of the back, back and perineum, tenesmus of the rectum, colic, distention of the abdomen, priapism, nocturnal emissions, itching of the glans, local sweats and various other symptoms, which are the usual concomitants of piles. The disease is sometimes accompanied by a febrile condition.

These hæmorrhoids are, like piles, either flowing or blind. The blood is generally discharged from the vessels of the neck of the bladder or from the urethra; the discharge is accompanied with an abatement of the pains. The blood is discharged either before, during or after micturition, and sometimes without urine; the quantity discharged is generally small; the blood is either fluid and red, or black and coagulated. Polypus-shaped masses, which are sometimes mixed with pus and blood, are discharged in many cases, from time to time, amid frightful pains and spasms.

Blind hæmorrhoids of the bladder are a very painful and distressing affection, and, if inveterate, yield

to treatment very slowly. The pains and the burning in the bladder and urethra are frequently frightful. The urine is discharged in drops.

§ 122. Hæmorrhoids of the bladder and hæmaturia are very similar diseases. In either disease it is difficult to trace the cause unless a latent psora is considered as such. It is particularly difficult to discover the cause of blind hæmorrhoids of the bladder; this disease has altogether to be treated according to the perceptible symptoms.

The remedies for hæmorrhoids of the bladder are the same as those for hæmaturia. Beside these remedies the following medicines will be found useful in this disease: *Nux vomica*, which should be chosen in accordance with the abnormal sensations in the bladder and urethra, with the exciting cause and the disposition of the patient. *Dulcamara* should be given when the disease is caused by a cold, provided the symptoms correspond. *Plumbum*, *Antim. crud.*, *Nitri acid.*, *Euphorbium*, *Canthar.*, *Capsicum*, may likewise prove useful. The principal remedy is the *tincture* of *Sulphur*. *Calc. carb.* is proposed by some, because it cures polypi of the bladder. *Uva ursi* has proved a good remedy in this affection.

§ 123. *Practical observations on Hæmorrhages from other organs.*

In the second number of the sixth volume of the Archive I have reported two cases of *hæmorrhage from the eyes.* Though not dangerous in itself, yet the disease may easily become so, and may lead to an organic disease of the organ. It generally occurs in violent ophthalmia, and in debilitated and cachectic individuals. To treat such a hæmorrhage, the totality of the symptoms has to be carefully considered. In the case of cachectic children that were brought up on heavy food, and were not kept clean, *Chamomilla*, *Bellad.*, *Puls.*,will be required, when the hæmorrhage is accompanied with thin stools, moist skin and great restlessness. *Nux vom.*, *Bryon.*, *Staphys.* correspond

to a similar condition when constipation is present. *Aconite*, *Bellad.*, *Merc.*, *Clemat.* are indicated when a febrile condition is present. And when the affection is accompanied with general atrophy, hectic and phthisicky symptoms, *Hep. sulp.*, *Sulph.*, *Stann.*, *Plumb.*, *Rhus tox.*, *Dulc.*, *Arsen.*, etc., are indicated.

The same general remarks apply to *hæmorrhage from the gums.* This disease may indeed be an idiopathic affection of the gums, though generally it is a symptom of a general derangement of the organism. The blood is discharged from the anterior portion of the buccal cavity without cough or hawking. The hæmorrhage is generally increased by sucking and pulling with the tongue ; the blood is bright-red or blackish, pure or mixed with saliva, though never thoroughly; it is never frothy, except when coming in contact with the trachea, which excites a cough. Sometimes the hæmorrhage is attended with a tickling, burning or some other painful sensation. Sometimes the hæmorrhage is occasioned by the presence of sordes; in this case the mechanical irritation has first to be removed by mechanical means before the dynamic treatment is commenced. One of the most important medicines for hæmorrhage from the gums, when these are pale and shrivelled or even corroded, is *Staphys.*, highest potency; this remedy appears to possess a general curative influence on the teeth, even in the most violent toothache of various kinds. It is likewise indicated when the hæmorrhage is excited by cleaning the teeth. *Mercurius vivus* corresponds to bleeding from the gums when these are swollen, interstitially distended, spongy, with indented edges, painful and retreating from the teeth. Formerly I was in the habit of using *Acidum phosp.*, when the bleeding was occasioned by contact and friction and was attended with soreness. Latterly I have substituted *Phosphorus* for Phosphoric acid, and have frequently removed the whole difficulty by the alternate use of *Phosphor.* and *Carbo veg.* *Alumina* seems to be useful in this affection, likewise *Rhus tox.*, *Ambra*

and *Ruta*, and among the antipsorics, *Sepia*, *Natrum mur.*, *Lycop.*, *Kreasot.*, *Agar.*, and *Ratanhia* should be mentioned, particularly when blood and an acid humour are drawn from the gums by sucking at them with the tongue.

§ 124. *Morbus Maculosus hæmorrhagicus Werlhofii; hæmorrhagia petechialis; effusion of blood into the cellular tissue.*

This rare, sporadic, non-contagious disease generally befals weak subjects. It is recognised by the appearance of bloody spots on the skin, and by the simultaneous occurrence of hæmorrhages from other parts of the body. I have nothing to say of precursory symptoms, as they are too indistinct. In many cases the disease occurs suddenly, and the bloody spots are similar to petechiæ as occur in acute diseases. They are small, red, round lentil-sized spots in the skin, not raising the epidermis, and resembling a recent flea-bite, except that no trace of a bite is perceptible in the centre; they are dark-red, sometimes bluish and blackish, or even scarlet-red on the first day, and turning bluish and greenish on the second, as is the case with ecchymosed blood. The spots are frequently very numerous and crowded together. They are not of an inflammatory nature, do not itch as exanthematic spots, disappear gradually and terminate without the least symptom of desquamation. They appear most frequently on those parts of the body which are covered. The spots are sometimes accompanied with hæmorrhage from some other organ, the mouth for instance. There is no fever, the pulse is slow, small, feeble, sunken; the patient is weak, the whole body is pale and cold, there is no appetite, the patient complains of vertigo, confusion of the head, a dull headache, etc. Authors state that the disease lasts nine days; under homœopathic treatment I have seen it disappear in four.

§. 125. I have very little to say about the treatment of this disease, not having had many cases to treat.

In one case I gave *Bryonia* and *Belladonna*, highest potencies, and on the fourth day the disease disappeared. *Aconite*, *Arnica*, *Ledum*, *Rhus t.*, *Secale corn.*, *Phosphor.*, *Sulph. acid*, *Kreas.*, and *Ars.* deserve consideration in the treatment of this disease.

§ 126. *Menses, Catamenia.*

According to all intelligent physicians, the appearance of the menses in young females shows that the sexual powers have reached their full development, and that the female is capable of performing the function of utero-gestation. Regularity in the menstrual functions is indispensable to the healthful preservation of the whole organism. The more regularly those functions are performed, the better is the woman's health.

The menstrual discharge seems to be owing to the necessity in which the woman is placed of relieving the organism of the superfluous blood which would otherwise be required for the formation and sustenance of the fetus. It seems likewise to constitute a vicarious satisfaction of the sexual passion, and thus to protect the woman's purity.

It may therefore be said that the menses constitute an active, critical, periodical secretion; hence their great influence on the organism. They stimulate and purify the uterus and whole organism, and are frequently accompanied with altered smell of the breath, dim eyes, cutaneous eruptions, nervousness and even real nervous symptoms. In one word, the menses constitute a perfect monthly crisis.

Before entering upon the treatment of menstrual irregularities, it is expedient that I should mention a few general hygienic and dietetic rules which every woman should follow.

§ 127. *Dietetic rules.* Every thing should be avoided which might have a tendency to occasion a morbid excitement of a woman's imagination, which is a frequent cause of disease. A woman should be

treated with particular attention during pregnancy or during the period of the catamenial discharge. Depressing emotions, anger, fright, chagrin, should be avoided as carefully as possible.

In treating diseases of females the physician should pay strict attention to the following points.

1) The patient should be induced to take sufficient exercise in the open air, to keep herself very clean, to bathe frequently, to change her linen as often as required. Violent exercise, such as dancing, or exposure, heavy food, such as food made of flour, fresh bread, violent emotions, embraces, cathartics, baths, should not be used during the menstrual flow, even by patients who are using the mineral bath as treatment. Cases of imminent danger are of course excepted.

2) The patient should use a sufficient quantity of beverage, little coffee, but more cocoa, milk, light beer, chocolate without spice, light tea, or a drink prepared of roast corn or barley. These are warm drinks and have a tendency to relax the stomach. The patient should therefore drink a few pints of cold water every day. Spirituous drinks, wine, liquor, etc. should be strictly forbidden.

3) The patient should take her meals at regular periods; dinner and breakfast may be warm, but the supper had better be cold.

4) The patient should sleep only once during 24 hours, except in cases of great debility and deplétion. During sleep the body should always be made easy, the clothes, and more especially the corsets, should be taken off. If the disease should have been caused by the use of corsets, the patient should not be required to lay them off entirely, but simply to put them on more loosely, otherwise the patient might complain of weakness of the back and the body generally, which would be more distressing than the moderate use of corsets.

5) All artificial preparations, to beautify the complexion, or all means to diminish the colour of the face, drinking vinegar, abuse of common or herb-tea, lime,

chalk, etc. should be avoided. If the patient insist upon using pomatum, let it be simple beef's-marrow.

6) Women are very apt to neglect a call of nature, either from indolence, shame or some other cause. This is exceedingly improper and might be hurtful.

7) The sexual organs should be washed with fresh cold water several times a day, and during the menses with tepid water. All the other general dietetic rules which have been mentioned in this work, likewise apply to females.

§ 118. *Retarded appearance of the first catamenia.*

The first appearance of the menses constitutes an important change in the female organism. It is accompanied with new emotions, new impressions in both mind and body.

In our climate it takes place between the 14th and 18th year, in the South it occurs more early. Industrious females menstruate later than those that lead an idle life. In rare cases the first menstruation takes place after the 20th year, or after marriage. A too early appearance of the menses indicates debility, and a strongly developed sexual instinct. It is of importance not to hasten the first appearance of the menses by improper medical treatment. On the other hand, nature should be assisted by treatment, when the first menses are evidently too slow to make their appearance.

The symptoms of retarded appearance of the first catamenia are more strikingly marked in sensitive, delicate persons. A careful diet is sometimes sufficient for their removal, but medical treatment is very often required. These symptoms are: Congestion of the head, characterized by heaviness; palpitation of the heart, oppression of the chest; sensation of warmth and fulness in the abdomen; general heaviness of the body, occasional flushes of heat and redness in the face; lassitude of the lower extremities; painful sensations in the small of the back and pelvic region; drawing in the thighs; frequent urging to urinate. When these symptoms make their appearance, the

menses generally follow very soon; but if they should continue for a long time without the menstrual flow, the patient should take a good deal of exercise in the open air, should eat more vegetable than animal food, drink a good deal, and be cheered up by pleasant company.

If the above-mentioned symptoms should be very violent, and all the symptoms of congestion of the head and chest be present, the medicines which have been recommended for this affection, should be used. *Pulsatilla* is excellent when the congestion of the chest and head is accompanied with congestion of the abdomen and uterus, with sensation of pressure as from a stone, chilliness, stretching, yawning and other febrile symptoms. *Chamomilla* and *Veratrum* are sometimes indicated by the symptoms.

The principal antipsoric remedies for this disease are *Sepia*, *Conium*, *Murias*, *Magnes.* and *Lycop.*

If the female should not complain of any distress, on the contrary, should feel quite well, the physician should never interfere with medicine, except if the patient complain of fulness and be otherwise perfectly developed; in this case it is undoubtedly expedient to assist nature. I generally commence with *Pulsatilla*, particularly if the retarded appearance of the menses should be attended with nervousness, a whining, vexed, timid disposition, pale complexion, flabby muscles. *Nux vom.* corresponds to the opposite disposition, vehement, choleric temperament, plethora without congestion, redness of the cheeks, general turgescence of the body. If these remedies should be without effect, the following remedies may be tried: *Causticum* and *Graphites*, particularly when the menstrual flow is very scanty and ceases again speedily. *Natrum mur.* and *Kali carb.*, when the menses do not appear, and *Calc. carb.*, when the menses remain suppressed, but the whole constitution of the patient points to an abnormal plethora. *Sulphur* is the principal remedy, a few doses of which should be given in every case previous to the exhibition of any other remedy, particularly when chlorotic symptoms exist.

§ 129. *Suppression of the menses.*

The menses sometimes stop suddenly, in consequence of a cold, washing the feet or the sexual organs with cold water during the flow; or in consequence of immoderate dancing, violent chagrin, anger, fright, dietetic transgressions, etc. The menstrual flow sometimes disappears gradually, in consequence of poor food, abuse of warm drinks, or the slow impression of sad emotions.

The more suddenly the suppression of the menses takes place, the more violent are the symptoms resulting from that suppression. These symptoms are: violent headache, anguish, oppression of the chest, internal and external spasms, violent bleeding of the nose, spitting of blood, congestion of the head, heart and lungs. The medicine should of course be selected in accordance with the symptoms and with reference to the exciting cause.

Cocculus is sometimes indicated when violent abdominal spasms take place at the period when the menses should make their appearance, particularly when the spasms are accompanied with pressure on the chest, oppression of breathing, anxiety, moaning, paralytic weakness, inability to utter a loud word, relaxation of the extremities, convulsive motions, and scarcely perceptible pulse. *Cuprum aceticum*, or, what is still better, *Cuprum metal.* is closely related to the former remedy. It corresponds to excessive spasms in the abdomen, extending to the chest, to loathing, retching, vomiting, cramps in the extremities, resembling epileptic spasms, and obliging the patient to cry out.

Valeriana, Platina, Belladonna, Ignat., Magnes. arct., Mezereum, Digit., and other remedies are likewise useful in this affection.

If these remedies should not be sufficient to bring on the menses, the following antipsorics have then to be given: *Magnesia carb., Magnes. mur., Sulphur, Sepia, Zinc., Silic., Lycop., Graphit., Acid. nitr.*

For retarded menstruation the same remedies

should be used as for suppressed menses. *Pulsat.* is a specific remedy for the spasms induced by delay of the menstrual discharge. The following remedies are likewise useful: *Cicuta*, *Terebinthina*, *Zincum*, particularly when the menses are suppressed and the breasts are swollen; *Calc. carb.* for suppressed menses and great fulness; *Graphites*, for delaying menses with hoarseness, head-ache, swelling of the feet, chilliness, labour-like pains in the small of the back; *Natrum mur.*, for delaying, scanty menses; *Strontiana* for delaying menses; afterwards a sort of serum is discharged, followed by lumps of menstrual blood; *Sarsapar.* for delaying, scanty and acrid menses, etc.

Useful external applications are: foot baths, vapour-baths of the genital organs, friction of the thighs; injections of the rectum; dry cupping on the inner side of the thighs.

§ 130. *Metrorrhagia.*

This is a frequent disease, both among married and unmarried females. It is difficult to say how much blood a female ought to lose, but a large quantity of blood should not be lost, were it in a longer or shorter period of time.

Metrorrhagia is preceded, some time previous to its occurrence, by some of the following congestive symptoms: painful drawing and dragging from the small of the back to the sexual organs and thighs, sensation of heaviness, fulness, increased warmth and throbbing in the pelvis, even colicky pains; frequent urging to urinate; tickling and burning in the sexual organs attended with chilliness, heat, accelerated, soft, sometimes double pulse, palpitation of the heart, swelling and sensitiveness of the breasts, etc. The appearance of the discharge is sometimes attended with chilliness, paleness of the face and coldness of the extremities; single drops of blood being sometimes discharged, and at other times, periodically, large quantities of a dark, black blood, which contains a great many coagula; the discharge is accompanied with nervous symptoms,

such as labour-like pains, spasmodic pains of the bladder, convulsions, vomiting, spasmodic laughter, weeping, shaking, etc. Metrorrhagia is soon followed by depletion, and the patient easily falls a victim to the disease.

This disease is generally accompanied with great weakness of the uterine vessels, and a morbid irritation of the uterine system, in persons with an irritable, nervous temperament. It is occasioned by onanism, lascivious conversations, exciting novels, spirits, coffee, heavy wines, excesses during the menses, dancing, immoderate caresses, etc.

Nux vom. corresponds to metrorrhagia with excessive nervous and sexual irritation; the patient is offended at every thing, is vehement and headstrong, every little noise frightens her, makes her anxious, she has a particular disposition for lying down and an aversion to open air. *Pulsat.* may be given alternately with *Nux vom.*, to quiet the patient's nerves. *Coffea cruda* and *Magnes. arcticus* are likewise useful to remove great nervous sensitiveness.

Nux vom. is the principal remedy for excessive menstruation, or for a too frequent recurrence of the menses.

Chamomilla corresponds to a discharge of dark, blackish, coagulated blood, with drawing, griping pains from the ischiatic to the pubic bones, fainting fits, coldness of the extremities, great thirst.

Excessive menstruation is frequently owing to the abuse of Chamomile-tea; the effects of this abuse can be neutralized by *Nux vom.*, *Ignatia*, or *China*.

The remedies for excessive menstruation are the same as those for metrorrhagia. Formerly I used to combat excessive menstruation, even when crampy, compressive pain in the uterine region were present, with repeated doses of *Ignatia*.

If these remedies should be ineffectual, the following antipsorics will have to be used: *Sulphur*, *Calcar.*, *Lycopod.*, *Phosphor.*, *Kali carb.*, *Carbo veg.*, *Magnes. mur.*, *Silic.* and *Sepia*.*

---

* *Aconite* and *Secale corn.*, particularly the former, are indis-

§ 131. Metrorrhagia of lying-in females frequently arises from irregular contraction of the uterus, from want of rest or other irritations. The patient should be perfectly quiet, be kept in a horizontal position, and should avoid every thing that might favour a congestion of blood to the uterus, particularly tea and coffee.

Chamomilla is excellent when a dark, blackish, coagulated blood is discharged in paroxysms; when the discharge of blood is accompanied with violent, labour-like pains in the abdomen, thirst and coldness of the extremities. Chamomilla is more suited to discharges of venous than arterial blood, of course it should not be given when these symptoms result from abuse of Chamomile tea.

China should be given if the hæmorrhage be caused by atony of the uterus after confinement, with want of contractions, the patient is cold and blue, with jerking movements of the body, proceeding from depletion rather than spasm; the region of the uterus should be gently rubbed, and a few drops of cold water may even be applied to it.†

Belladonna corresponds to a discharge of partly dark, partly bright-red blood, constant pressing in the inner genitals, as if the uterus would prolapse, violent pains in the small of the back as if it would break or split.

Platina is indicated by a discharge of dark, thick blood without being coagulated; the pain extends from the small of the back to both groins, with a pressing-down sensation in the inner parts, excessive sensitiveness and great irritation of the sexual organs.

Crocus is indicated by discharges of black, lumpy, viscid blood, with cutting pains deep in the abdomen, extending to the small of the back. *Sabina* is indicated by a bright-red blood, with labour-like pains from the small of the back to the groins. *Ferrum*,

---

pensable in many cases of excessive menstruation. *Crocus* likewise.—*Hempel.*

† *Secale* is not to be forgotten in this condition.—*Hempel.*

Ratanhia and *Kreasot.* deserve consideration in these cases. *Ferrum* is useful when the blood is at times fluid, at others black and lumpy, with labour-pains in the groins and abdomen, great vascular excitement and a fiery-red face.

Ratanhia corresponds to metrorrhagia with intense pains in the small of the back. This is all I can say of this medicine.

Kreasotum corresponds to the following symptoms: discharge of a large quantity of dark blood, followed for some days by the discharge of a bloody ichor with a pungent smell, corrosive itching and smarting of the parts; then the metrorrhagia recommences, consisting of coagulated pieces of blood, accompanied with buzzing, and pressing in the head from within outwards.

Bryonia is useful for copious discharges of dark-red blood, with violent aching pains in the small of the back, acute pressing pains in the head from within outwards, particularly in the temples.

Hyoscyamus corresponds to the following group of symptoms: The metrorrhagia sets in with general spasms of the whole body, interrupted by jerks or starting of single limbs, followed by rigidity of the joints. Such paroxysms generally occur among females who had been attacked with spasms during pregnancy. There is a continual discharge of bright-red blood, which is increasing during a new paroxysm of spasmodic shaking of the body; the pulse becomes more and more feeble, the number of pulsations keeps decreasing, and finally the pulse becomes intermittent.

If the discharge of blood should recommence every time the patient attempts to move about, the patient will find relief by touching for one minute the *South-pole of the magnet.*

Ipecacuanha is indicated by a cutting pain around the umbilicus, a pressing towards the uterus and anus, chilliness and coldness of the body, with rising of heat to the inner parts of the head.

Sabina corresponds to discharges of large lumps

of coagulated blood, with a labour-like drawing in the lumbar vertebræ and uterine region; also to paroxysmal discharges of bright-red blood, particularly during motion, the os tincæ being constantly open.

Secale cornutum is suitable in metrorrhagia arising from atony of the uterus, when the pains are either inconsiderable or entirely absent; the uterus is distended. This medicine deserves particular attention in metrorrhagia after confinement.

Ignat., *Nux. vom.*, *Millef.* and several other medicines may perhaps be employed with success in some cases, though I have never used them. The reader will please read over my remarks about critical discharges of blood contained in the first part of this work.

§ 132. *Miscarriage.*

Hæmorrhages in the first period of pregnancy are apt to lead to miscarriage, which usually comes on again about the same time during the next pregnancy. If miscarriage should already have taken place, the subsequent hæmorrhage is easily arrested by *Chamomilla*, *Sabina*, *Crocus*, *Calcar. carb.*, etc. It can only be prevented by commencing a treatment against it at the first indications of pregnancy. The first miscarriage is sometimes occasioned by the indiscretion of the pregnant female, and establishes a disposition to a recurrence at the same period during the next pregnancy. If the miscarriage depend upon the presence of psora, the antipsorics have to be resorted to, to remove the disposition. In many cases, however, a few doses of *Sabina*, given at tolerably long intervals during the first period of pregnancy, are sufficient to prevent the miscarriage.

Secale corn. may sometimes be used instead of Sabina. I have frequently prevented miscarriage by giving a dose of Secale, particularly when the uterus was distended.

Nux vom. is sometimes useful when the vessels of

the internal sexual organs have become varicose in consequence of frequent congestion. This condition is frequently owing to the excessive use of coffee, accompanied with retention of stool; the straining at stool is apt to induce premature uterine contractions. If the miscarriage depend upon abuse of coffee, it can sometimes be prevented by simply abstaining from that beverage. A few doses of *Nux* may be given at the same time.

If the psoric miasm should be the cause of the hæmorrhage, and a varicose condition of the vessels should be present, *Carbo veg.*, *Calc. carb.*, *Lycop.*, and *Zincum* are required. When the vessels are not varicose, *Sepia* (one of the principal remedies), *Sulphur*, *Silicea*, *Cannabis*, and perhaps also *Ratanhia* should be used.

§ 133. *Scanty menses.*

Both profuse and scanty menstruation are relative terms, not referring to the quantity of the blood discharged, but to the constitution of the patient, and the morbid symptoms existing at the period of the menses. If the health of the patient should be bad during the menstrual period, or if a general derangement of the system should evidently co-exist with the scantiness of the discharge, the menses are not sufficiently copious. Such a derangement is characterized by violent vascular orgasm in the chest and head, heat, indolence, heaviness of the feet, hard, full pulse, etc. If the patient enjoy good health in spite of the scanty flow, there is no occasion for medical interference.

Pulsatilla, *Nux. vom.*, *Ferrum*, *Rhus tox.*, *Dulcam.*, are generally given for this disorder. But, in many cases the disease depends upon the presence of latent psora, and requires for its removal the use of antipsoric remedies, first *Sulphur*, then *Graph.*, *Magnes.*, *Natrum mur.*, *Caust.*, *Sepia*, *Silic.*, *Ammon carb.*, *Conium*; the last-named remedy is very useful in uterine spasms.

§ 134. *Morbid phenomena occurring during the catamenia.*

Morbid phenomena frequently occur during the menses; sometimes they commence a few days previous to their appearance and abate gradually after the menstrual flow has commenced; in other cases the pains set in together with the menstrual discharge. The patients generally are nervous, irritable females, and the disease is either hereditary, or brought on by effeminate habits of life. An improved regime is sometimes sufficient to remove the difficulty, The patient should lead a more active life, should keep up a cheerful temper, take frequent exercise in the open air, avoid every kind of nourishment that the patient knows disagrees with her, and adapt her clothing to the season, without ever compressing the abdomen which easily leads to constipation.

The morbid phenomena occurring during the catamenia, are so numerous that it is impossible to detail them minutely, and to point out specific remedies for every morbid condition. The principal remedies for the common symptoms, such as: orgasm of the circulation, congestions of the head, oppression of the chest, nausea, sickness, colicky pains, etc. are: *Cham. pulsat.*, *Nux. vom.*, *Ignat.*, *Bellad.*, *Veratr.*, *Coccul.*, *Chin.*, *Hyoscyam.*, *Coff.*, *Plat.*, *Cuprum*, and others. When symptoms of mental derangement are present during the catamenia, *Puls.*, *Veratr.*, *Bellad.*, *Hyoscyam*, *Platin.*, *Stramon.*, *Capsic.*, and several other remedies, are the principal agents. A total suppression of the menstrual discharge, accompanied with mental derangement, abdominal and arthritic affections, which always are worse at the appearance of the menses, yields to *Sepia*, *Conium*, *Lycop.*, *Magnes. mur.*, *Silic.*, *Natrum mur.*, particularly if the patient feel sad previous to the appearance of the menses.

Another morbid symptom previous to, and even during the menses, is the swelling of the breasts, with violent burning and redness of the nipple and areola. The parts should be kept warm, and the following

medicines should be used: *Chamom.*, *Pulsat.*, *Bellad.*, *Rhus t.*, *Conium*, *Calc. carb.*, *Carb. veg.*, *Psorin.*

FOURTEENTH CLASS.

§ 135. *Cancer, carcinoma.*

Adventitious growths bear no resemblance to fully developed physiological tissues; their elementary constituents do either not appear in normal tissues, or at most only seen in the early stages thereof. Adventitious growths generally contain within themselves the germ of dissolution, and likewise bring on the destruction of the normal tissue where those growths are deposited. Cancer is one of such growths. Its development takes place slowly, sometimes, however, rapidly and accompanied with inflammatory symptoms. It is either an infiltration, or a tubercle of various sizes and forms, or a cyst (cysto-carcinoma). A carcinomatous formation is either fluid, cellular or fibrinous, according as its constituent particles vary (fat, gelatine, albumen, formative disks, formative cells with kernels, fibrin, pigmentous cells, adipose cells, cartilaginous cells, etc.). The nature of carcinoma likewise depends upon these constituent particles existing singly or combinedly in the carcinomatous growth, upon the stage of development attained by the disease, the seat of the disease and the age of the patient. Some cancers are soft like the brain, others of the consistence of lard, others again hard as cartilage. A cancerous formation may pass through the following changes: change to ichor, gangrenous necrosis, transformation into a soapy matter and shrinking. The two last conditions may terminate in recovery, provided the general cancerous dyscrasia is removed. The most frequent terminations are: transformation into ichor and suppuration.

Middle-aged and old people are principally affected with the following varieties of cancer: Carcinoma of the mammæ, uterus, stomach and intestines; young people with carcinoma of the lymphatic glands, brain, bulbus and bones.

There are various forms of cancer, *a*) *medullary carcinoma*, divided into *fungus hæmatodes*, when the cancerous growth contains a multitude of blood-vessels, and *fungus melanodes*, when the growth contains a quantity of granular pigment. In regard to consistence, cancer is semi-liquid, of the consistence of lard or cartilage; in regard to colour it is white, reddish, gray-reddish, black; in regard to texture: granular, fibrinous, cellular, in layers, glandular, etc. This form of cancer is the most malignant, for this reason, that it is frequently a very acute disease and reaching to a very large size in a very short time, that it readily terminates in ulceration and destroys the normal tissue, and that it is liable to inflammation and hæmorrhage, in consequence of its great vascularity. Recovery takes place more frequently in this than in any other variety, by the transformation of the cancer into ichor, soapy matter, and by incrustation. It occurs in the liver, kidneys, testicles, lymphatic glands, lungs, bones.

b) *Fibrinous carcinoma*, which is the hardest and most compact in consequence of fibrin being the principal constituent in this kind of cancer. It grows very slowly and, by its hardness, induces an injurious density and shrinking of the adjoining parts. It becomes interwoven with these parts, draws them nearer to itself, occasioning a shortening, contraction of the parts, and even a change of locality in adjoining organs. This kind of cancer is generally knotty, bunchy, in layers or ramifying, in the mammæ, stomach, colon, uterus, salivary glands, bones.

c) *Alveolar carcinoma*, consisting of several cells with thick walls and of a larger or smaller size; these cells are filled with a gelatinous, gluey, grayish or yellowish, transparent mass. It principally occurs

in the stomach and colon, on the peritoneum, in the ovary, bones; rarely in the uterus, liver, kidney.

Causes: Dyscrasia, bad food, want of air, damp air, suppression of the secretions, neglect of the skin, etc. The local appearance of the cancer is frequently preceded by general debility, emaciation, a feeling of illness, bruised sensation, cachectic appearance, prostrated condition of the nervous functions, irregular attacks of fever, etc.

Course, terminations and prognosis have been mentioned in the previous paragraphs.

It is impossible to indicate a general treatment for cancer. In many cases the symptoms are the only guides to the selection of remedies for palliative purposes.

§ 136. *Scirrhus and cancer of the uterus.*

Before describing the treatment to be pursued for cancer, it is expedient to mention a few morbid states which sometimes occur at the critical age, and frequently have an intimate connection with the formation of cancer.

§ 137. The natural cessation of the menses is sometimes accompanied with violent symptoms, occasioned by irregular diet and habits of life. The menses appear at irregular periods, every fortnight, or every three weeks, or even after several months. They are then frequently very profuse, and lead to congestions in various parts of the body, particularly in plethoric patients who use a good deal of wine, coffee, tea, etc., and lead a sedentary life. These congestions sometimes appear on the skin in the shape of sugillations, extravasations of blood under the skin, with burning, stinging and itching in the skin, restlessness, disturbed and anxious sleep, costiveness and retention of stool. These symptoms, if violent, may terminate in sanguineous apoplexy. These symptoms are most speedily relieved by *Nux vom.*, the diet

being carefully regulated. Nux is particularly suitable to plethoric and robust females.*

If the congestion should be characterized by burning, stinging, fulness, tension and pressing in the inner parts, and if it should be accompanied by drawing-cutting or pressing, crampy pains in the lumbar and sacral region, *Belladonna* is the best remedy, in some cases to be followed by *Hepar sulph.* and *Sulph.*, provided these remedies are indicated by the symptoms.

Nervous persons should likewise avoid coffee, tea, and other stimulating drinks, and should take plenty of exercise in the open air. Alternate doses of *Aconite* and *Coffea*, supported by an occasional dose of *Ignatia* and *Pulsat.*, are the best medicines for such patients.

If the congestion of the head be characterized by a burning sensation in the head, bleeding of the nose, etc., *Crocus* should be given, to be followed by *Carbo veg.* for the complete cure of the patient.

The following affections, though not properly belonging here, yet may as well be mentioned here as any where else.

Women who have borne children, sometimes remain afflicted in after years with pot-belliedness, for which Jœrg recommends washing with equal portions of rum and vinegar, and the wearing of a bandage. Gross proposes *Sepia*, at intervals.

The metrorrhagia which frequently occurs during confinement, and is followed by excessive debility, is probably one of the predisposing causes of carcinoma of the uterus. For this state of debility *China* is the best remedy, to be followed by *Kreasotum.* If the debility be purely nervous, a few magnetic passes daily are sufficient to a cure, or else *Coffea*, *Veratr.*, *Valeriana*, *Viol. odor.*, *Aconite*, *Nitri acid.*, *Sulphur*, and particularly *Kali carb.*

The falling off of the hair, when caused by the fre-

---

* *Aconite* is still better.—*Hempel.*

quent congestions of the head, is best met by a few doses of *Lycopodium*. The *tincture of Sulphur*, *Natrum mur.*, *Carb. veg.* and *Sepia* are likewise useful; also *Calc. carb.*, when the menses were habitually profuse. Spurred maïs is perhaps better than any of the preceding remedies.

Prolapsus of the vagina or uterus is a very troublesome affection. Mechanical supporters and a horizontal position with elevated position of the head are indispensable to a cure. For prolapsus of the vagina the best remedies are: *Arnica*, *Mercur.*, *Nux vom.*; for prolapsus of the uterus: *Sepia*, *Bellad.*, *Aurum*, *Nux vom.*, *Calc. carb.*

Sterility is frequently an attendant of prolapsus. I do not mean the sterility which is necessarily induced by malformation and disorganization of the sexual parts; I allude to those forms of sterility that yield to homœopathic treatment.

Married females frequently do not conceive for years after their marriage. If this should be owing to a difference of temperament between husband and wife, to a dislike to the husband, and so forth, medicine cannot do any thing. There are causes, however, which can be removed by medicine. Fluor albus, for instance, is a frequent cause of sterility, and is often owing to onanism. This can be cured. Excessive sexual excitement is another cause, which yields to *Platina*, or *Phosphorus*. *Conium* helps, if the condition should depend upon suppression of the menses. *Mercurius* should be given if the want of conception arise from excessive, or from too early and profuse menstruation; *Natrum mur.*, *Calc. carb.*, *Acid. sulph.*, and *Sulph.*, are likewise useful for this condition. *Graph.* and *Caust.* should be given for retarded, and *Ammon. carb.* for scanty menses.

When husband and wife are both well, and love each other, both the husband and the wife should take repeated doses of *Sabina*. *Cannabis* is as important a remedy as the former. As regards the potency, I must leave that to the physician. Formerly

I was in the habit of giving the tincture, but had frequently to interpolate *Merc. sol.* to remove troublesome secondary symptoms caused by the medicine.

The following medicines deserve consideration: *Ruta*, *Dulc.*, *Agnus cast.*, *Camphora*, *Cicut.*, *Hyoscyam.*, *Croc.*, *Sepia*, *Natr. mur.*

§ 138. The uterus becomes more frequently carcinomatous than any other organ. The disease generally commences at the neck of the uterus and at the vaginal portion, and follows the vagina and the neck of the uterus. Cancer of the uterus is generally of the medullary kind, rarely fibrinous; frequently these two varieties are combined. In this case the cancerous ulcer forms with callous edges and spongy bottom, cauliflower-shaped fungous growths and progressive cancerous infiltration in the surrounding parts; the most frightful disorganization takes place in consequence of the ichorous transformation spreading more and more. In many cases the cavity of the uterus, the rectum and bladder, constitute one vast seat of destruction. *Canstatt* distinguishes two other conditions of the uterus, which differ in essence but are very similar in regard to symptoms and terminations.

The first is the cauliflower-shaped, or rather strawberry-shaped excrescence of the os-tincæ, seated on one of the lips, or proceeding from the whole circumference of the os-tincæ, and starting from a broad base. This excrescence is soft, has a granular, strawberry-shaped surface, or feels like the uterine surface of a placenta; it is of a bright flesh-colour, is frequently only of the size of a hazelnut, but may spread over the whole vagina and even involve the external parts.

The second is the so-called phagædenic uterine ulcer. It starts from the neck of the uterus; the ulcer is not preceded by a scirrhous condition of the parts, by a firm pseudo-plastic formation or infiltration of the parts; the uterus round the ulcer is either sound, or soft and yellow or red-brown. The destruction may extend to the walls of the uterus and vagina, to the rectum, bladder and peritoneum.

The incipient stage of cancer of the uterus is frequently mistaken for some form of menstrual irregularity, for leucorrhœa, or chronic metritis; the first symptoms are generally symptoms of menstrual derangement, cessation, or too frequent return of the menses; irregular discharges of blood in the place of the catamenia, fluor albus. The menses re-appear suddenly after their cessation at the critical age, and increase to hæmorrhage. At first the patient complains of a sensation of heaviness, drawing in the pelvis, pressing towards the sexual parts, or the pains are excited by exercise, concussion, embrace, touch. Upon examination, the vaginal portion is found to be harder than in the normal condition, of irregular consistence, swollen, misshaped, knotty, bunchy, sensitive to pressure, and readily bleeding; the lips of the os-tincæ are interstitially distended, indented, cocked up; the os-tincæ is more open than usual. In the course of the disease, the pains, particularly at night, become excessively violent, pressing, stitching, shooting, burning, not only in the pelvis, but along the loins, hips, down the thighs; they are either continuous or paroxysmal, and are frequently considered of a neuralgic nature. A characteristic pain is the more or less violent burning and stitching-boring over the pubic bones and in the small of the back, along the hips and thighs, impeding walking and even sitting; swelling and tension of the inguinal glands; frequently there is a continuous burning pain deep in the pelvis, accompanied with shooting pains in the uterus. From the sexual organs a pungent, discoloured or claret-coloured, brown-reddish, acrid ichor is discharged, causing an itching and pain in the external organs, excoriating the skin and poisoning the atmosphere of the sick-room. Copious discharges of blood, containing coagulated and fibrinous substances, occur very frequently, exhausting the patient more and more. The cancer by this time has changed to an open, irregular ulcer, which is easily recognised by the touch of the finger. The neck of the uterus feels rugged,

and is studded with the above-mentioned, soft, readily-bleeding excrescences, which are narrow at their base as if a ligature had been passed around them, and fill up the whole vagina, the walls of which are indurated or disorganized, and feel to the finger like a hard contracted ring.

The symptoms of the cancerous dyscrasia become more and more apparent; face and skin become pale, straw-coloured; the features exhibit an expression of deep suffering; the digestive functions are impaired; sleep disappears, the patient becomes emaciated, and hectic fever supervenes. The disease occurs principally between the ages of 40 and 50.

The prognosis is very unfavourable.

§ 139. *Treatment:* When the disease is fully developed, all that can be done for the patient is, to palliate her sufferings. In the incipient stage the disease is curable. The uterus feels like a hard body close above the pubic bones, giving rise to the belief that it is impregnated. Pregnancy is really possible in this stage, and frequently takes place. It is still more certain when the breasts swell. The real character of this condition can be ascertained by a careful external and internal examination. It is characterized by the following symptoms: Pressing and fulness in the inner parts, rendering it difficult for the patient to stand, and being accompanied with pain in the sacral region. *Belladonna* should be given for this condition, particularly when a sanguineous ichor is discharged from the uterus, either continuously or in paroxysms; and *Platina* when spasmodic, or pressing, colicky pains in the uterus are present, followed by a discharge of thick, viscous, venous blood, especially if the female had been suffering with profuse menstruation. We know that Platina cures induration of the uterus with spasm and stinging. A few doses of *Nux vom.* should be interpolated now and then, if the patient suffer with constipation, nervousness, and a long-lasting, though regularly-occurring discharge of acrid blood, with a burning,

smarting and itching in the sexual parts. The debility which sometimes supervenes in consequence of the pain and discharge of blood, is best met by a few magnetic passes and repeated doses of *China.*

Arsenicum album is indicated by the following symptoms: Burning sensation in the internal sexual parts and abdomen, exacerbation of the pains towards midnight, excessive anguish in the chest, allowing the patient no rest, unquenchable thirst, induration of the uterus, continual discharge of an acrid, excoriating mucus from the genital organs. *Cocculus* should be given if, instead of the above-mentioned pains, spasmodic contractions take place close above and behind the pubic bones, attended with discharge of a serous fluid. *Chamomilla* corresponds to labour-like contractive pains, accompanied with discharge of a coagulated, dark blood.

The above mentioned remedies, including *Bryonia, Ignat.*, etc., are for the lighter cases, or the incipient stages of cancer, except *Arsenic*, which corresponds to the more advanced stages of the disease. The principal remedies for these stages are:

Kreasotum, which corresponds to the following symptoms: Stitches in the vagina as if proceeding from the abdomen, causing the patient to start as if in affright; voluptuous itching deep in the vagina, with burning and swelling of the internal and external labia; hard tubercles on the neck of the uterus; pain during an embrace as if from ulceration; the menses set in 8 or 10 days before their time, continue for 8 days, a dark blood being discharged, sometimes in lumps, attended with pains in the back and succeeded by the discharge of a pungent, bloody ichor, with corrosive itching and smarting of the parts; the menses intermit for hours and days, after which they re-appear in a more fluid form, accompanied with violent colic; the pressing downwards continues after the menses, particularly in the groins, accompanied with violent abdominal spasms; metrorrhagia is present, sometimes even a continuous, corrosive

leucorrhœa; the pains exacerbate during the night, there are fainting turns on rising in the morning, slight chills during the menstrual discharge, lowness of spirits, livid complexion, etc.

Next to Kreasotum I mention *Iodium*, which is indicated by the following symptoms: Induration of the lower segment of the uterus; cancerous destruction of the neck of the uterus; profuse, long-lasting metrorrhagia coming on even at every stool, accompanied with cutting in the abdomen, pains in the small of the back and loins; emaciation, shrinking of the breasts, brown-yellow complexion, languor, disposition to fainting turns, and spasms.

With *Thuja* I have cured indurations and rhagades of the neck of the uterus and the os-tincæ, and have effected a shrinking of the cauliflower-shaped, readily bleeding excrescences with a sharp and pungent smell. In my opinion, *Thuja* corresponds to dry, wart-shaped excrescences, with severe stinging pain and burning in these excrescences during micturition.

Dr. Wahle, of Rome, Italy, prescribed *Graphites* for the following symptoms: The vagina is hot and painful; swelling of the lymphatic vessels and mucous glands, some of which were of the size of a filbert; the neck of the uterus is hard and swollen; on the left side of the neck there are three large tubercles of various sizes, consisting each of several smaller ones, which threatened to change to a bleeding excrescence; these tubercles were painful; on rising she feels a great weight deep in the abdomen, with increase of pain, debility and tremor of the lower extremities; at the period of the menses, which occur every six weeks, she suffers most, shortly before and during the menses; the blood is black, lumpy, has a strong smell; she complains of a heavy load in the abdomen, with violent lancinations in the uterus, extending down the thighs like an electric current; the pains are burning and lancinating; frequent violent lancinations in the uterus extending down the thighs; little appetite; stool every two to four days, attended

with much straining ; livid complexion, frequent chilliness without subsequent heat and sweat ; the patient is sad, anxious, sometimes desperate ; pulse frequent and rather hard.

Secale cornutum is more indicated for putrescence of the uterus than carcinoma ; however, it should not be discarded entirely as a remedy for cancer.

Sabina may be tried for the heavy weight, the labour-like contractive pain in the uterus and lumbar vertebræ, copious discharge of coagulated, lumpy blood, particularly during exercise, the os-tincæ being always open.

Mercurius and *Staphysagria* are suitable intermediate remedies for pains in the pelvic bones and femora, which are sometimes found distended ; these remedies are particularly indicated when the disease is complicated with symptoms of mercurial poisoning, or syphilis. In this case *Acidum nitri* may be tried, particularly when the patient complains of pressure in the abdomen and pain in the small of the back ; spasmodic pains as if the abdomen would burst, driving the patient from place to place ; pressing even as low down as the vagina as if everything would come out by these parts, attended with pain in the small of the back, and drawing in the hips down the thighs ; excessive debility, with inability to talk, and obliging the patient to lie down.

Carbo veg. is excellent for an intolerable, burning pain deep in the pelvis, setting in at regular periods in the day-time, increasing gradually and then decreasing again ; 2 or 3 doses were sufficient to remove it.

Kali carb. may prove useful in this disease, when an acrid, badly-smelling, altered menstrual blood is discharged, with chilliness and spasmodic pains in the abdomen.

Conium, which is distinguished by its action on female glandular organs, is an indispensable remedy in carcinoma of the uterus ; *Sulphur* likewise.

§ 140. *Scirrhus* and *cancer of the mammæ.*

This disease frequently arises from the little lumps which are sometimes discovered in the breasts even at an early age. If these lumps are not attended to in time, they frequently swell up and become painful at the critical age.

The usual origin and development of cancer is as follows: A hard tumour is discovered in the breast, coming on either spontaneously, or in consequence of pressure, shock, etc. At first this tumour is round and moveable; on getting larger, it becomes rugged and uneven; a second and third tumour make their appearance, all of which appear to be united by cords of indurated cellular tissue. In proportion as these tumours enlarge, they combine into one, involving the glandular tissue and spreading to the axilla. Lancinating pains are felt now and then, extending to the shoulder and arm, and not aggravated by pressure. The skin, if invaded by the tumour, assumes a streaked, cicatrized appearance; the follicular glands are frequently filled with a black substance. The skin and tumour grow together; at one spot the tumour becomes raised, inflamed, decreases again, the veins swell, and the nipple retreats, forming a cavity. Finally the skin breaks, giving rise to a spreading ulcer with hard, dark-red, shining edges, a dead, unclean bottom; the discharge is neither very copious nor badly-smelling. The ulcer looks rather like a deep fissure without any excrescences. The axillary glands, the glands in the clavicular region, the cervical glands, etc. begin to swell, provided the swelling had not taken place previously. At this period, when the tumours are seated, immovable and hard as stone, the patients complain of a troublesome feeling of heaviness, with almost constant stinging, boring, shooting, lancinating pains, the lancinations proceeding from the shoulder; also of rheumatic pains in various parts, particularly in the loins and thighs. The reproductive process suffers a good deal; the face assumes a livid appearance, the arm on the affected side swells up and has to be left

hanging close to the body; until the excruciating pains and the supervening colliquations finally bring on death.

Beside these phenomena, there is a variety of conditions occurring during the course of carcinoma of the mammæ. Sometimes the scirrhus is a long time without causing any distress; sometimes, however, it develops itself quite suddenly, attended with symptoms of constitutional suffering. The termination in ulceration is frequently caused by external violence, or by the suppression of the menses. In some cases the cancerous ulcer is not very painful; generally, however, it is. The more acute the pains, the more rapid their course. In this respect we might distinguish an acute and chronic cancer of the mammæ. The former commences in the shape of a hard, deep-seated tumour in the breast, which is moveable at first, and adheres to the skin in a month or two; the skin then becomes discoloured. The whole mamma gradually becomes hard; some part of it is raised after some time, looks purple-red, has an elastic feel as if a fluid were contained in the raised portion, and violent shooting pains are experienced in this portion as in a panaritium. The enlargement of the mammæ does not take place uniformly, but single tumours are forming here and there; the cutaneous glands seem to become enlarged, the surface being studded with small, white points, which become more distinct in proportion as the swelling increases. At the most elevated portion of the mammæ a discharge takes place, but no suppuration; from this moment forward the scirrhus grows rapidly in size, it becomes redder and the pains increase; the countenance exhibits an expression of pain and anxiety, the skin has a pale-yellow appearance; the patient feels debilitated and desponding. The larger tumours turn black, break, discharge a little blood and afterwards serum. A considerable portion of the surface of the mamma falls off unexpectedly, exhibiting a deep, irregular ulcer, filled with black, dead plugs; the edges of the ulcer are raised and

studded with tubercles which break and discharge, forming unclean ulcers that occasion an incessant spreading of the cancer. The chronic scirrhus is dry and hard as cartilage, and shrinks after having attained a certain degree of development; the contraction and shrivelling of the skin cause various indentations in the tumour, concealing the retreating nipple entirely. This kind of scirrhus is more particularly seen in thin old females with a dry, rigid constitution. The pains are not very great, and the scirrhus may continue for years without increasing.

There are many swellings in the breasts which resemble scirrhus, without being so. These are, 1st, inflammatory affection and painful swelling of the lymphatic vessels, or of the mammæ itself; 2d, milky tumours; 3d, scrofulous swellings; 4th, herpetic and psoric affections, particularly round the nipple; 5th, steatomata; 6th, encysted tumours; 7th, fungus medullaris; 8th, bloody tumour; 9th, hypertrophy (*Chelins'* Manual of Surgery, vol. II.)

§ 141. This scirrhous condition of the mamma is sometimes curable; cancer probably never, scarcely even in the incipient stage. Nevertheless, we ought always to try to relieve the patient as much as possible, and though curative agents are as yet wanting for this disease, yet they may be discovered by later inquirers.

The painful lumps in the breasts of young girls, which come on without any particular cause, yield to a number of remedies. *Chamomilla* corresponds to drawing, rheumatic pains in the indurated mammary swellings; these are painfully affected by the open air, and get worse at night; or to erysipelatous redness of the indurated mammæ, with drawing tearing and pain to contact. *Arnica* corresponds to the same group of symptoms when there is no night-exacerbation. *Belladonna* is useful when the indurated mammary glands are inflamed, with burning stinging which is aggravated by the least contact and motion. *Arsenic* is indicated by a burning pain, with tearing,

decreasing during motion, aggravated by external warmth, and rendering it impossible for the patient to lie on the affected side. *Bryonia* is suitable for a tensive, burning and tearing pain, aggravated by contact and by moving the arm of the affected side. *Clematis* is excellent for indurated mammary glands which are painful only when touched; it is likewise useful in open cancer, with burning throbbing in the ulcer, and stinging pain in the edges when touching them. *Cicuta vir.* has soreness as if from a blow or shock, but this symptom is no indication for Cicuta except when it occurs in other parts of the body. *Pulsatilla* should not be forgotten in the treatment of lumps occurring in the breasts of young girls. Among the mercurial preparations, the *Corrosive sublimate* is the best; these preparations have mostly only a palliative effect. If the lumps are caused by mechanical injury, *Arnica* should be used externally and internally, provided the medicine is applied immediately. If shooting pains should already have been felt in the induration, *Conium* should be exhibited. Though this medicine is not quite useless in cancer, yet it acts better in the stage of induration, when the hardened gland becomes inflamed by every little cold, and when the burning-stinging pains are very severe, particularly at night, rousing the patient from sleep.

Beside Conium, we have frequently to employ *Bellad.*, *Arsen.* and *Clematis;* and more especially

Kreasotum, which I found useful in a case characterized by the following symptoms: The whole breast was hard, looked blue-red, was rugged; some of the eminences were covered by a scurf; one of these scurfs, near the nipple, was of a large size, and fell off frequently, leaving an opening from which a quantity of thick, dark blood was discharged, after which discharge the patient generally fainted away. *Kreasotum* seemed to arrest the hæmorrhage for a long time, but it was impossible to remove the disorganization in spite of *Acid nit.*, *Thuja*, *Conium*, *Hep.;* the patient finally died of hæmorrhage. Nevertheless, I

am convinced that Kreasotum is a great remedy for carc noma of the mammæ; but it has to be employed much sooner than I had an opportunity of doing.

Carbo anim. and *veget.* are very useful in scirrhous indurations of the mammæ, but only in the 12th, 15th or 18th, etc. potencies; *Carbo anim.* is very useful in hard, painful tumours in the breasts; though I prefer *Carbo veg.* when the pains are burning, the patient complains of anxiety, want of breath, lowness of spirits, which frequently increases to a whining despondency.

Phosphorus may prove suitable to patients with flat chests, tuberculous disposition, great sensitiveness to cool weather; increase of pain, pain in the nape of the neck, stiffness of the arms at every change of the weather, etc.

Lachesis seems to be suitable for the same symptoms as Kreasotum. Bleeding from wounds, and particularly from cancerous ulcers, seems to be a prominent symptom of Lachesis; the blood is black and discoloured, the bottom of the ulcer is blueish, dark-red, like streaks of black, coagulated blood on the bottom.

In one case I gave *Ferrum acet.* in alternation with *Arsenicum.* The patient was a female from the country, and had frequently had glandular swellings cut out. After the last operation a number of swellings made their appearance under the arm. I gave the patient *Sulphur*, then *Ferr.*, *Arsen.*, *Graphit.*, *Kreasot.*; the disease is now stationary, except a few small swellings which have disappeared.

Graphites seems to be indicated in cancer of the mammæ. Its powerful action on the female organs of generation and on glandular organs is well known.

Among the pathogenetic effects of *Hepar sulp.* we find "cancerous ulcers in the mammæ, with stinging burning of the edges, and smell like that of old cheese." The curative action of Hepar in inflammation and suppuration of glands is well known.

If the disease seemed to be complicated with psora,

I always gave first a few doses of *Psorin*, and then *Sulphur*, which has a particular relation to cancerous affections of the mammæ. Beside the above-mentioned medicines, the following deserve consideration: *Lycop.*, *Aur. mur.*, *Baryt. mur.*, *Nitri ac.*, *Silic.*, *Sepia*, *Colocynt.*, etc.

A cure is impossible in every case where the knife had been used. The disease spreads with frightful rapidity after such an operation, invading even the ovaries. No scirrhus or cancer has ever been cured by an operation, and where such a cure is said to have been effected, the operator mistook a simple glandular swelling for a scirrhous induration.

FIFTEENTH CLASS.

§ 142. *Hydrops. Dropsy.*

Though it has been shown by modern pathologists that dropsy is a mere symptom of a more general and more deep-seated disease, yet it seemed to me necessary to devote a special chapter to this morbid condition, lest my work should be deemed defective by those who value names more than ideas. After all, it matters little whether we adhere to this or that name or system, provided we *cure* the patient in the safest, shortest and cheapest manner. This is the physician's duty, and he who fulfils that duty well, is the really great practitioner.

General remarks on dropsy. Physiological character. The dropsical process takes place in the cellular tissue, in serous membranes, and in membranes analogous to the former, such as the internal membrane of the uterus. Every dropsy is either accompanied with a local affection, or else alterations in the blood take place, the specific weight of the blood decreases in proportion as the disease increases; the quantity of serum increases; the albumen, fibrine and cruorine diminish. The blood is less capable of coagulating, and inclines to a state of dissolution. The tempera-

ture of the surface of the affected organs decreases. The skin becomes pale, livid, assumes a cachectic appearance. The newly-formed morbid product consists of a quantity of water, mixed with albumen and a small quantity of osmazone and salts.

Alterations in the other secretions take place: the skin becomes drier, the urine less; in some cases it is mixed with large quantities of albumen; in others, as in hydrothorax, being a sequel to scarlatina, it is mixed with cruorine; in hydrothorax depending upon degeneration of the spleen and liver, the urine contains a large quantity of urea and uric acid, rosic acid and purpurate. There are likewise symptoms arising from the pressure of the water upon organs; in hydrothorax the breathing is impeded; in hydrops of the pericardium the motion of the heart is impeded, and in ascites the digestive organs are deranged.

Anatomical character: A post-mortem examination reveals the following symptoms: The organ is filled with the morbid product; the water is either clear, or turbid, milky, purulent; at times it contains filamentous concretions, at others, animal organizations, hydatids, etc. The serous membranes are altered; in inflammatory dropsy they are thickened, in torpid dropsy thin; they lose their transparency; they exhibit extensive ramifications of vessels, which are never seen in healthy serous membranes. The veins, particularly those of the affected organs, are filled with blood. Fat has disappeared, its place is supplied by water. The disappearance of the fat takes place from the periphery to the centre, and lasts longest in the centre, as may be seen in the cellular tissue of the abdomen, where a nucleus of fat, surrounded by water, is discovered in the middle of every cell. Gradually the organs become soft, they lose their turgescence, as is most distinctly perceived in the muscles. The surrenal glands are always found altered; they enlarge and return to the condition in which they were during fœtal life. The lymphatic vessels are either unaltered, or else the alterations are

inconsiderable; the veins alone exhibit perceptible alterations.

The general organism is not always perceptibly affected in the incipient stage of dropsy. Sometimes a fever supervenes, particularly when the disease arises from acute rheumatism, or from some mismanaged exanthematous disease. A fever is likewise apt to set in in young patients. Sometimes the fever is a synocha, as in dropsy after scarlatina; it soon, however, assumes a torpid form. This fever is to be distinguished from the one that occurs in the course of the disease, and is the precursor of death; in this fever the pulse becomes small, quick, wiry, empty; the tongue dry, the patients become delirious or comatose, stupid. In some cases the nervous system is involved; in hydrothorax, for instance, and in œdema of the lungs, violent paroxysms of asthma set in; in ascites the patient is attacked with violent colicky pains, which disappear as the ascites increases (*Schœnlein*).

§ 143. *Etiology.*

In children acute hydrocephalus, ascites, anasarca are frequent; adults are less liable to dropsy, or perhaps only to dropsy of the genital organs at the termination of the age of pubescence; dropsy is most frequent during the period of decline. Men are more subject to hydrothorax, women to ascites; hydrocephalus of old people is more frequent among men than women.

External causes: Sudden change from warm to cold weather, or vice versa; frequent and constant fogs. *Mediate causes:* Exhaustion during convalescence from some acute disease in consequence of treatment; this cause can only take place under allœopathic, never under homœopathic treatment; after great loss of blood, scarlatina, arthritis, organic defects of the heart, spleen and liver.

Terminations: *Recovery*, preceded by critical states which sometimes last for weeks, particularly in the skin and urine; in hydrothorax the crisis sometimes

consists in an increased expectoration of mucus, and in ascites in watery diarrhœa. In many cases the water is discharged externally in a natural way, as in hydrometra, dropsy of the ovary; or else the discharge takes place, but much more rarely, by some artificial passage, as in ascites by the umbilicus, in anasarca by the cracked skin.—*Partial recovery*, the crisis being incomplete and continuing only up to a certain point; the affection remains stationary, neither advances nor retrogrades, and gradually occasions degenerations of the affected organ.—*Death.*

Prognosis: Not too favourable. It depends upon the presence or absence of fever. Acute dropsy is more easily cured than dropsy without fever; torpid dropsies are very unfavourable. The danger increases in proportion to the importance of the affected organ. The more limited the disease, the greater the chance of a cure; the more extensive the disease, the lesser the chance. The greater the derangement in the adjoining organs, the greater the danger. The prognosis depends likewise upon the cause of the disease: Dropsy arising from excessive loss of blood, or from general debility, is less dangerous than dropsy arising from other diseases, or from some disorganization. Gangrenous erysipelas in œdematous parts is particularly unfavourable. The older and feebler the patient, the more unfavourable the prognosis. The prognosis depends likewise upon the extent to which the secretions are suppressed, or deranged.

§ 144. *Treatment.* The remedies which we possess for dropsy, are not very many, but will undoubtedly be increased in number. In the treatment of dropsy it is of the utmost importance to keep two things in view: first, to eradicate the disease, and secondly, to relieve the distress of the patient by every means in our power, while the radical treatment is going on, even should we expose ourselves to the accusation of resorting to allœopathic means. If we should not at once succeed in arresting and gradually removing the

disease, we are bound to remove the morbid product by whatever means we possess, and, in the mean while, to continue the treatment until we shall finally succeed in controlling the disease and doing away with the necessity of resorting to further palliation. Those who undertake to treat this disease in the strictly Hahnemannian fashion,* will find themselves sadly disappointed.

The first thing which is to be done in the treatment of dropsy is, to regulate the general mode of life of the patient. Dropsical patients prefer a warm, dry, pure air. Damp and cold weather does not suit them; they frequently die when the bad season sets in. If the air should be damp, vessels containing sulphuric acid should be placed in the room, in order to remove the aqueous particles from the air. A change of locality is an excellent remedy. Travelling is much more advantageous to dropsical than phthisicky patients, particularly where the disease arose from some abdominal affection and is related to a formerly existing intermittent fever. This kind of dropsy never gets well in marshy valleys, and a cure is frequently effected by simply transferring the patient into a light, dry, pure mountain-air. In acute dropsy the same diet should be used as in any other acute disease. In chronic dropsy the patient should use light but nourishing food, not too much at a time, but rather more frequently. This remark applies particularly to ascites, where the greatest attention should be paid to the digestive organs, and particular reference should always be had to the condition of the liver. Dropsical patients are frequently tormented by an unquenchable thirst. They may drink as much as they please, provided the beverage they use does not injure the medicine. Fresh water is an excellent drink; milk, curd, butter-milk are likewise to be recommended. Diure-

---

* Or rather in what the narrow-minded dogmatists of our school *pretend* to be the Hahnemannian fashion.—*Hempel.*

tic beverages, decoctions of wild-briar, parsley, asparagus, radish, cucumber, etc., are admissible.

The following medicines are specifically related to dropsy: *Arsenicum;* this agent affects the mucous membranes; it has dropsical symptoms, and removes bad effects from abuse of China, or from exposure to damp and cold weather. The *skin-symptoms* of Arsenic are: anasarca, swelling of the face and body; swelling of the right side of the body down to the hips, with swelling of the left thigh; swelling of the face and feet; distention of the abdomen. *Symptoms during sleep:* moaning, restless tossing about, inability to get warm, with internal heat and anxiety; starting. *Fever:* general coldness with parchment-like dryness of the skin of the affected parts, yellow, livid complexion. Arsenic is particularly adapted to ascites, hydrothorax, anasarca, hydrometra, hydrops ovarii.

Dulcamara is useful in affections of the mucous membranes, swellings remaining after measles; anasarca after scarlatina, or for anasarca as a mere symptom of epidemic scarlatina; dropsy caused by a cold. It is an excellent remedy in acute dropsy.

Helleborus niger is recommended for sudden dropsical swellings of the body; for anasarca consequent upon suppressed exanthems, such as scarlatina, measles, purple-rash, with sensation in the swollen parts as if too heavy, and as if they would be pressed asunder; for acute and chronic hydrocephalus, ascites.

China: This is an excellent remedy for dropsies arising from exhausting diseases, excessive loss of blood, frequent depletions, profuse sweats, seminal emissions, too frequent embraces, onanism, fatiguing watching, etc. It is likewise an excellent remedy for dropsies arising from derangements of the portal system, affections of the heart, disorganizations of the liver and spleen.

Colchicum is said to be excellent in œdematous swellings and anasarca from suppressed perspiration, as frequently takes place in damp, cold, foggy weather, or in consequence of getting wet through to

the skin. *Rhus tox.* is likewise indicated by this condition; I have always used it with success in dropsy after scarlatina, when the disease was occasioned by the above-mentioned causes.

Bryonia has frequently been found useful in ascites, also in dropsical swellings of the scrotum.

According to Dr. Wahle, *Zincum met.* is an excellent remedy for dropsical affections when the patients complain of distress or uneasiness in the renal region. He likewise cured a case of dropsy of one year's standing with *Aurum muriat.* 6, but does not recollect the particulars of the case, except that a fine clear urine was secreted after the use of Aurum, whereas the *Ononis spinosa* was followed by the secretion of a turbid urine with strong ammoniacal odour.

Kali carb. is an indispensable remedy for anasarca and ascites occasioned by suppression of the menses.

Digitalis and *Squilla* are mere palliatives in dropsy. To obtain the palliative effect of these remedies, Digitalis has to be given in the shape of an infusion, and Squills as a powder, or as *oxymel squilliticum;* also in pills. These medicines have to be given in sufficiently large doses to effect a copious discharge of urine; otherwise they are of no use. This palliative action is sometimes very useful, and affords great relief.

Cantharides corresponds to dropsy occasioned by a tonic-spasmodic condition of the urinary organs, with strangury and tenesmus of the neck of the bladder, sometimes attended with pain in the limbs and chronic catarrh.

Beside the above-named remedies, the following may yet be mentioned: *Amm. carb.*, *Natr. mur.*, *Lact. virosa*, *Prun. spin.*, *Solan. nigr.*, *Cannab.*, *Convulv. arvensis*, *Urtica dioica*, *Lamium alb.*, *Ballota lanata*, *Asparagus*, etc.

§ 145. *Dropsy of the respiratory organs. Hydrothorax.*

By hydrothorax we mean accumulations of fluid in the chest, in the widest sense of the word. Empyema is, properly speaking, a form of hydrothorax. In this treatise I understand by hydrothorax an accumulation of serous fluid in one or both pleural cavities. Hydrothorax, like all other forms of dropsy, is a secondary disease.

In their incipient stage, the phenomena of hydrothorax are very uncertain, and are mixed up with the symptoms of the affection of the lungs, heart, and other inflammatory diseases which give rise to hydrothorax. At first the patients complain of a transitory oppression of the chest, which is generally felt only after considerable exercise, on ascending an eminence, or after long talking; or a difficulty of breathing sets in every evening, the patients start suddenly from their first sleep, with a sensation of pressure on the chest as if from dyspnœa. This condition frequently continues for weeks and months; sometimes it passes off again with expectoration and profuse sweat, particularly during the warm season, until the distress becomes permanent. The dyspnœa keeps increasing, the patients cannot bear the horizontal position, they have to sit up in bed; finally, they are even unable to sit in bed; they have to sit in bed with their legs hanging outside, or else they have to sit up out of bed altogether. On waking, the heart sometimes beats violently; the patients have to rise as fast as possible lest they should suffocate; they gasp anxiously for air; the extremities become cold, the lips blue, the forehead is covered with a cold sweat; the pulse becomes small, irregular, intermittent, tremulous; the dyspnœa frequently lasts the whole night, or else the asthmatic oppression comes on again every time the patient goes to sleep. After such a paroxysm, the patient falls into a state of half sopor and insensibility. Cough supervenes, at first dry and accompanied with a violent irritation in the chest; it comes on at regu-

lar periods; afterwards the cough becomes moist, and large quantities of tenacious, purulent, and frequently putrid mucus are discharged.

Upon examining the chest, we find that one side is swelled up when the effusion has taken place in one pleural sac only; whereas the ribs of both sides are pressed outwards when there is an effusion in both pleural cavities. Percussion yields a faint, dull sound in the parts which contain the fluid. Where the percussion-sound is faint, the respiratory murmur disappears; when a large quantity of water is present, bronchial respiration is sometimes heard. The vibrations of the thorax, when talking, are either feeble or entirely absent. It is important to know that the diaphragm, liver and spleen, are sometimes crowded downwards, distending the hypochondria and ocasioning a condition resembling ascites.

Symptoms of general dropsy finally set in, œdema of the lower extremities, either of one or both, spreading rapidly from the ankles to the genitals. The skin is dry, cold, particularly on the extremities; the urine is scanty, rather thick, dark-red, leaving a copious sediment; the bowels are costive, thirst unquenchable, and fauces dry; towards the end of the disease ascites sets in.

§ 146. *Etiology:* Advanced age; individuality; weak lungs in consequence of frequently-recurring, chronic catarrhs; pneumonia; individuals with a spongy, cachectic constitution, disposed to become fat; individuals that fatigue their lungs a good deal, for instance, musicians. Malformations of the thorax, curvatures of the vertebral column, with consequent deformities of the ribs and sternum; arthritis; affection of the portal system. The disease occurs more frequently in men than women.

Causæ occasionales: Organic diseases of the lungs, ribs, pleura, large vessels, dilatation of the aorta, ossification of the arch of the aorta; tuberculous and steatomatous deposits on the pleura. The disease occurs very frequently in the first stage of tuberculous

phthisis.—Exhaustion of the vital forces by excessive exertions.—Abuse of spirits, particularly brandy.—Exhaustion of the nervous life of the lungs.—Development of some other disease terminating in hydrothorax.—Metastasis of gout, suppression of ulcers on the feet.

Prognosis: Acute hydrothorax, or hydrothorax from metastasis, is probably more easily cured than hydrothorax arising from disorganizations, affections of the heart, obliterations of veins; this latter variety, however, is not entirely incurable.—Old people have less chance than young ones.—The less urine is emitted, the drier the skin, bronchial tubes, intestines, the less favourable the prognosis; if the contrary state exist, the prognosis is more favourable.—Unfavourable symptoms are: disappearance of the external œdema with increase of the dyspnœa, torpor and swelling, dingy-yellow colour of the skin, high degree of emaciation and prostration, constant restlessness and suffocative anguish, not allowing the patient a moment's rest in bed, soporous condition, rattling breathing, sanguineous expectoration.—Many of these morbid conditions, frightful as they may seem, have frequently been cured by homœopathic agents, without artificially exciting the action of the skin, kidneys, intestinal canal, or mucous membranes.

§ 147. One of the principal remedies for this disease is *Arsenicum album;* it corresponds to the following symptoms: the constantly existing asthmatic symptoms are aggravated by the least motion, particularly by ascending an eminence. Upon getting into bed, were it ever so cautiously, the patient's breath gives out; this is likewise the case on turning in bed to the other side; this sudden loss of breath brings on dyspnœa and an agonizing, torturing feeling of suffocation, accompanied with palpitation of the heart, which is not visible to others, but is felt by the patient. The patient is completely prostrate, is constantly panting for drink, and wants to have his lips and inner mouth constantly moistened. Arsenic is therefore

characteristically indicated by the nocturnal suffocative fits occurring in hydrothorax. *Ignatia* and *Pulsatilla* may be of use in some cases. *Ipecacuanha*, in repeated doses, corresponds to spasmodic dyspnœa without exhaustion and without depending upon motion ; it is continual, and recurs paroxysmally without any apparent cause. *Squilla* has been given with success in hydrothorax accompanied with constant cough, mucous expectoration and dyspnœa. *Dulcamara* was always found useful when the hydrothoracic distress was aggravated upon the setting in of foggy, damp, rainy weather, and relieved again when the weather became dry and fair. I have used *Tart. emet.* empirically, being guided by the want of breath, which roused the patient from sleep early in the morning, obliging him to sit up in order to get breath ; the patient was not relieved till cough with expectoration set in. *Colchicum* is excellent when the distress of breathing is so great in the evening that the patient is made frantic by it ; this is attended with sudden prostration of strength ; the anxious oppression on the chest is constant, but has paroxysms of violence, particularly in the evening. *Digitalis*, *Arsenic*, and in some cases perhaps *Spigelia*, are particularly useful in hydrothorax depending upon organic affections of the chest, contraction, obstruction or compression of the veins, affections of the arteries, heart and lungs, stenosis and insufficiency of the left ostium venosum, emphysema and bronchiectasia. *Stannum* deserves to be recommended, likewise *Helleborus*, *Senega*, *Bryonia* and *China*.

Carbo veg. is an indispensable remedy in hydrothorax when it is attended with rheumatic drawing and tearing in the chest, with constrictive sensation in the chest and impeded breathing, so that the patient can neither walk, lie, nor even sit ; constant vascular orgasm, pulsations, palpitation of the heart, with excessive restlessness, anxiety, and unequal, intermittent pulse. Carbo veg. is likewise useful in hydrothorax arising from excessive loss of animal fluids, abuse of spirits and *China*.

Lycopodium is indicated by an internal feeling of fulness in the chest, constant oppression and anguish, which increases after supper; the supper is followed by considerable distention of the abdomen; there is pulsation and throbbing in the region of the heart, not synchronous with the beats of the heart.

Kali carb. deserves consideration in affections of the chest generally. In hydrothorax it corresponds to great lassitude in the evening, difficulty of ascending an eminence, weariness of the chest from talking. These symptoms increase as the disease progresses; the oppression gets worse, the sudden arrest of breathing rouses the patient from sleep, and palpitation of the heart with frequent intermission of the beats of the heart supervene.

Lachesis is said to relieve hydrothorax with cough and swelling of the feet. It may be found useful in hydrothorax attended with organic affection of the heart.

I have cured one case of hydrothorax with *Ammonium carb.*, giving one dose every four days.

§ 148. *Œdema of the lungs. Dropsy of the lungs.*

P. Frank was the first to direct the attention of physicians to this disease, and to Laennec is due the merit of having established the diagnosis of the disease. Even in the incipient stage of the disease the dyspnœa which continues in every position of the body, and cannot be relieved by a change of position, is intense; there is no expectoration, or else a large quantity of pituitous, watery (frothy, albuminous) sputum is discharged; the lips, tongue and cheeks turn blue. Percussion yields a dull, faint sound, either at a circumscribed spot or over the whole surface of the lungs; this sound does not, as in hydrothorax, shift its locality according as the patient changes his position; it is perceived at the same place in every position of the body. The respiratory murmur is very indistinct, it is accompanied with a peculiar crepitating sound and a little mucous rattle. Where the large bronchial

tubes enter the lungs, a distinct bronchial rattle is perceived, being occasioned by the mucus with which the bronchial tubes are filled, and which induces frequent paroxysms of distressing cough.

I say nothing of etiology, terminations and prognosis. The medicines to be used for this condition, are the same as for hydrothorax. I should add, however, that *Phosphorus* is an excellent remedy for this affection, the symptoms of which resemble so closely hepatization of the lungs, a condition for which Phosphorus has been found so useful. The reader will please not forget *Cannabis*, *Scilla* and *Senega*.

§ 149. *Dropsy of the pericardium.*

This disease is generally combined with hydrothorax; it is seldom seen alone.

The patient complains of a feeling of pressure and weight in the lower part of the region of the heart; violent restlessness and anguish, which is frequently so violent that it induces vomiting, dulness of the head, stupor, and even delirium. The pit of the stomach swells up. If there be much water, the skin in the pit of the stomach forms a sac in the erect posture, which, when percussed, yields a watery sound. The patient cannot bear a low posture, least of any a recumbent posture; he is most easy when sitting erect or when lying on the left side. He complains of palpitation of the heart, though, upon examination, the beat of the heart is not felt, or else it is very dull and faint, resembling the sound which is heard on striking against a bladder filled with water; at the same time a dull, faint sound is heard over a large surface, sometimes even in the right chest; there is no respiratory murmur perceived in that region of the chest, as the lungs are crowded to one side by the accumulated fluid. The pulse is generally small, feeble, very frequent; it becomes intermittent when some of the valves are ossified; vibratory, when hypertrophy is present. These symptoms are accompanied with œdema of the ankles and lower extremities, which

spreads rapidly upwards, extending even to the back of the left hand, and being accompanied with a sensation of numbness, diminution of all the secretions, etc. (Schœnlein).

Etiology : The disease frequently makes its appearance among young girls suffering with suppression of the menses, the consequence of which is menstrual carditis, which rapidly terminates in dropsy. The disease is apt to set in as a sequel to acute articular rheumatism ; it may likewise occur in consequence of some organic disease of the heart, hypertrophy, ossification of the valves. It supervenes in hydrothorax. The prognosis is extremely unfavourable.

Treatment : The remedies are the same as for hydrothorax. The symptoms which occur at the commencement of the disease, seem to require *Belladonna*, which I have frequently given with excellent success, first every two hours, then morning and evening. After Belladonna, *Spigelia* required to be given. When the disease occurred during an attack of rheumatism, and the rheumatic affection was still fully present, I gave *Aconite* and *Colchicum* alternately every two hours, though I never succeeded in effecting a cure.

§ 150. *Ascites. Dropsy of the abdomen.*

The abdomen swells uniformly from below upwards. This swelling changes its locality according as the position of the patient's body varies. When standing, the swelling is seen below and in front ; in a recumbent posture it is perceived in the groin, directly above the crest of the ilium. There is fluctuation, which is perceived by the patient during a quick motion and also by those near him. In order to examine the patient, he should bend backwards with the abdomen pushed forward as much as possible, or he may kneel down leaning on his hands, in which position the water will press against the abdominal walls, and the percussion sound will reveal the presence of fluid. The following symptoms are

likewise present: Diminution of all the other secretions, of the skin, kidneys; peculiar nature of the urine, which is generally scanty, saturated, deep-yellow or yellow-red, sometimes depositing a pretty copious sediment; general dropsical swelling; palpitations; irregular, weak pulse; general cachexia; pale skin; emaciation, hectic fever, jaundice. As the disease progresses, the digestive apparatus becomes deranged; the patients complain of a sensation of fulness, pressure after eating, slow digestion; the thirst is generally very great; the bowels are confined. The pressure of the water against the diaphragm occasions dyspnœa even unto suffocation, which obliges the patient to sit erect, and renders a low horizontal position of the chest impossible.

In sacculated dropsy the swelling is at first uneven, the urine is less dark and scanty; the swelling proceeds from one spot, and the distention of the abdomen is never uniform.

Schœnlein distinguishes the following varietes of dropsy: Acute and chronic inflammatory dropsy; cold, torpid dropsy; venous or periodical dropsy; organic dropsy; psoric or impetiginous dropsy.

Causes: Inflammatory ascites is frequently caused by metastasis, by suppression of acute or chronic cutaneous eruptions, cold drink. The most frequent cause of ascites is a mechanical obstruction of the venous system; it is likewise caused by disorganization of the pancreas, spleen, peritoneum and its appendages, etc.

§ 151. *Treatment:* Before speaking of medicines I should state that slight diuretics, such as radishes, celery, horse-radish, parsley, asparagus, etc., are not as injurious in this disease as has been supposed; their action on the bladder sometimes proves a pleasant palliation.

Beside the remedies which have been mentioned for dropsy in general, we have as a specific remedy for œdema of the abdomen and for ascites, *Helleborus niger.* Acute ascites sometimes yields to one dose of

this medicine. In obstinate cases several doses have to be given. After Hellebore, *China* is sometimes indicated, particularly when the disease can be traced to great losses of animal fluids, or when debility of single abdominal organs, disorganizations of the liver, spleen, pancreas, are present. China is more especially indicated by suppression of urine, oppression of breathing, and troublesome short cough, with expectoration. Paleness of the skin, coldness of the body, and a small, slow pulse, are always present in dropsy; however, they may be set down as particular indications for the above-mentioned remedies if the other symptoms correspond. A dingy, livid complexion points to *Ferrum acet.* or rather *metallicum.* It is likewise indicated by the emaciation and lassitude occurring in ascites, the nocturnal distress, the aggravation in a sitting posture, the scarcely perceptible pulse, pains in the stomach after eating, nausea, vomiting of the ingesta, constipation, etc. *Digitalis* may be administered for the palliative purposes above-mentioned. *Colchicum*, *Scilla*, and *Dulcam.*, and their particular indications have been mentioned above. *Mercurius sol.* is excellent when vast disorganizations of abdominal glandular organs are present, with occasional paroxysms of pain which lead to the suspicion that these organs have become inflamed, and are accompanied with an increased accumulation of water. After Mercury, a few doses of *Belladonna* or *Dulcamara* may be given, according as either remedy is indicated by the symptoms. *Bryonia* and *Pulsatilla* are not to be neglected in these cases, particularly when the moral symptoms correspond.

In two cases of anasarca I have seen fine effects from *Euphorbium Cyparissias*, and from *Solanum nigrum.* The patients, two robust farmers, took one drop of the tincture, after which the swelling decreased considerably. The men did not return, probably because they thought they would get entirely well without further medication. *Prunus spinosa*, and *Ledum*, are likewise useful in this disease. *Arsenic* is

excellent when emaciation and loss of appetite had set in long before the disease.

Kali carb., *Conium*, *Sulph.*, *Iodium*, *Zincum met.*, *Lycop.*, and *Oleum Terebinth.*, are the principal antipsoric remedies for ascites, particularly among old people.

It is exceedingly difficult to furnish infallible indications for the respective remedies of ascites. The remarks I have offered must be sufficient to guide an intelligent physician to the perception of the primary morbid condition of which the dropsical swelling is a mere symptom.

§ 152. *Anasarca. Dropsy of the skin.*

Anasarca is a painless swelling of the cellular tissue under the skin, which is at first soft and doughy, and afterwards becomes shining and elastic; the skin over the swelling is more and less tense, generally cool, not red; a pit forms on pressing upon the swelling with the tip of the finger, and remains for some time after the pressure ceases. The swelling is most considerable on parts with loose cellular tissue, on the dorsum of the feet and hands, in the face, on the eyelids, prepuce, scrotum, penis, labia. Around the ankles the swelling is largest when the patient stands erect, and disappears again in a horizontal posture. The skin assumes a pale, even yellowish, transparent appearance, checkered by the bluish cutaneous veins. These swellings sometimes contrast strikingly with the emaciation of the face, neck, hands, chest, which parts are covered with a relaxed, livid, dry skin. The muscles become gradually relaxed, and the movements of the patient are more and more impeded. At last the distention of the tissues becomes painful; red spots are seen in the skin, which keep spreading and occasion inequalities; the skin looks livid, blackish, brownish; ecchymosis, phlyctænæ, or even gangrenous sloughs form on the surface.

The remedies for this disease, are: *Dulc.*, *Helleb.*, *Arsenic*, *Bellad.*, *China*, *Iod.*, *Sol. nigr.*, *Prun. spin.*, *Lycop.*, *Ledum*, *Sulphur*, etc.

Œdema pudendorum yielded in one case to *Helleb. nig.*; in other cases, *Bryon.*, *Arn.*, *Mercur.*, *China*, *Dulcam.*, *Colch.*, etc. may prove useful.

Hydrocele in men is frequently cured by *Mercur.*, *China*, *Digit.*; if caused by scrophulosis, the specific remedy is *Silicea.*

§ 153. *Hydrometra, dropsy of the uterus.*

Dropsy of the uterus can only be diagnosed with certainty when the distention of the uterus has reached a sufficient development. The patients have a leucophlegmatic, bloated appearance, the menses cease, and from this period dates the swelling of the abdomen. The swelling does not take place as uniformly as in pregnancy; it frequently proceeds very rapidly, attains a very high degree in a short time, and then stops. The swelling extends rather in breadth, the abdomen does not become pointed in front. The swelling has an elastic, uniform feel; it is equally hard all over, is not painful to pressure, does not change its locality with the position of the body. Fluctuation is more or less distinctly perceptible; the percussion-sound reveals the presence of fluid very faintly. An internal examination shows that the vagina is cold, the vaginal portion of the uterus is felt higher up in the vagina than usual, and is in most cases blotted out, the uterus is distended; fluctuation is distinctly perceptible, but no presentation of a fœtus. This condition is accompanied with general dropsical symptoms, but in a moderate degree: œdema of the lower extremities, labia, cellular tissue, region of the pelvis; dry, brittle skin, cold extremities, small, weak, thready, empty pulse, diminished secretion of urine.

I have never treated a case of hydrometra; the remedies which I would recommend, are *Sepia*, *Secale corn.*, *Phosphor.*, *Sulphur.*

I choose this opportunity of mentioning a few more diseases of the female organs of generation.

Prolapsus of the vagina. In many cases one side

only of the vagina is prolapsed, hanging down in the shape of a pad or bag. If the anterior wall of the vagina should be prolapsed, there is frequently a difficulty of urinating; the emission of urine can only be accomplished in a horizontal posture; the patient complains of burning and stinging in the vagina, which is increased by contact. *Nux v.* relieves this distress in a few days; it removes likewise the burning distress which is sometimes experienced by pregnant females during an embrace, and is followed by long-lasting pressing downwards. In some cases *Merc.*, *Ferrum*, *Carbo veg.*, *Lycopod.*, are preferable to *Nux.*

Prolapsus uteri. Beside the mechanical means to be employed, we may try *Bellad.*, *Sepia*, *Nux*, *Aurum*, *Platina.*

Pressing pains in the internal sexual parts, with or without pain in the small of the back, rendering standing difficult and even painful, are most frequently relieved by *Belladonna*, *Plat.*, and *Sepia;* I have likewise employed *Sulphur*, *Crocus*, and *China.*

Sore pains in the vagina yield to *Rhus tox.*, *Mercur.*, *Thuja*, *Ferrum*, and *Ambra.*

Burning and itching pains of the sexual organs, both internal and external, are relieved by *Thuja*, *Mercur.*, *Canthar.*, *Staphysag.*, *Ambra*, *Rhus t.*, *Lycop.*, *Sepia*, *Silic.*, *Carbo veg.*, etc. These pains sometimes arise from the friction which the vagina undergoes during an embrace; in this case *Arnica* is the best remedy.

For *meteorism of the uterus* I gave in one case *Acid. phosph.*, which effected a copious discharge of wind, terminating in recovery; and in another case I gave *Lycop.* after the Phosphor. acid.

Emphysematous swelling of the labia yields to *Bryon.*, *Rhus t.*, *Ambra*, *Staphysag.*, *Arsen.*, and some other remedies.

§ 154. *Dropsy of the ovaries.*

On one side of the abdomen, generally on the right, less frequently on the left side, where the horizontal

ramus of the pubic bone joins the crest of the ilium, a swelling forms, which at first occasions only a sensation of pressure and heaviness, and is indistinctly felt through the abdominal integuments, but afterwards becomes more distinct, and occasions an unequal distention of the abdomen. The swelling can be pushed to and fro; upon turning quickly from one side to another, the patients experience a sensation as if a globular, cold body were falling from one side to the other. An examination by the vagina shows that the uterus is pushed to the opposite side; it is always raised, and sometimes to such an extent that it can scarcely be reached with the finger. Fluctuation is perceived upon examination. Consensual symptoms: Sensation of numbness in the thigh of the affected side, frequently alternating with a drawing, tearing pain, ascension of the globus hystericus towards the stomach, nausea, vomiting, frequent urging to urinate with difficulty of urinating; constipation, flatulence, and the symptoms which are generally present in dropsy, but very slightly in this variety; great paleness of the face, after the disease had lasted for some time; small, quick pulse; dry skin, œdema of the ankles; sometimes the œdema is first perceived about the genital organs. The disease is most frequent after the critical age, in females who had borne many children, or who had indulged sexual intercourse to excess without conceiving. The prognosis is unfavourable; the disease sometimes lasts from six to eight years, and most frequently terminates in death.

Treatment: *Mercury* has been recommended by some physicians, but I have never seen any good effects from it. *Arsenic* seemed to have a good effect on the disease, with the intermediate remedies, *Cantharid.*, and *Prunus spinosa;* but a cure was not effected. In another case *Iodium* produced the best effect; but I am unable to say whether the disease was cured, as the patient left me, probably with the supposition that the remaining swelling would yield of itself.

China, *Acid. phosphor.*, *Sepia*, *Platina*, *Graphit.*, *Staphys.*, and several other remedies, would probably effect a cure if used in the very commencement of the disease.

SIXTEENTH CLASS.

HEMIPLEGIA (SEMI-PARALYSIS) OF THE HEART.

§ 155. *Lipothymia, Syncope, Animi deliquium, Asphyxia; Fainting, apparent death.*

Syncope consists in a diminution or temporary suspension of the action of the heart; hence the pulse and breathing are either diminished or entirely suspended; consciousness, sensation, and the power of motion, are likewise suspended.

There are several degrees of syncope: *lipothymia*, when the pulse and breathing are moderately diminished; *syncope*, when they are scarcely perceptible; *asphyxia*, when both pulse and breathing are suppressed. Precursory symptoms: Confusion of the senses, obscuration and cloudiness of sight, buzzing in the ears, vertigo, tremour, yawning, feeling of anxiety in the præcordial region, sickness at the stomach, paleness of the face and lips, coldness of the extremities, cold sweat on forehead and neck; the pulse is feeble, small, rapidly changing; at last the patients become so feeble that they fall, lose their consciousness, or, if they are conscious of what is taking place near them, they have at least lost all power of expressing any interest in the occurrences. This condition is termed lipothymia.

In syncope the patient fails suddenly without any premonitory symptoms. Pulse and beats of the heart are frequently imperceptible; feeble contractions of the heart are perceived by means of the stethoscope; the second sound of the heart is generally imperceptible, the first only feebly. Breathing is feeble; the

inspirations are less frequent. In many cases the continuance of the breathing can only be ascertained by means of a little feather held before the mouth. The eye is partially closed, the features are collapsed, the nose is pointed, the lower jaw is depressed; the muscles, even the sphincters, are in a state of relaxation, the patient sees or hears nothing, he neither speaks nor moves; he is cold as marble, the stool is frequently passed involuntarily. This condition frequently lasts from a few seconds or minutes to half an hour, an hour, and even longer. The patient recovers himself either suddenly, or gradually; the return of consciousness is generally attended with moaning, yawning, stretching of the limbs, palpitation of the heart, slight convulsions of the facial and other muscles, sometimes vomiting, emission of flatulence, alvine evacuations.

Causes: Syncope frequently occurs with nervous, hysteric, hypochondriac individuals; in consequence of exhausting diseases or starvation, violent emotions, fright, joy, physical or mental exertions, fatigue, blows or shocks on the epigastrium, inhalation of mephitic air, sudden change of temperature, etc.

The prognosis depends upon the cause. Hysteric syncope is without danger, should it last ever so long; plethoric syncope, or syncope produced by sudden arrest of breathing, congestion of the heart, or excessive exhaustion, is more dangerous; syncope, setting in at the commencement, or during the course of a fever, is a dangerous prognostic for the disease. If syncope should last too long, it is to be apprehended that a congestion in some part of the body will take place.

§ 156. *Treatment:* Syncope is frequently a mere symptom, in which case the remedy has to be chosen in accordance with the general disease. It is important to remove from the neighbourhood of the patient everything that is calculated to excite syncope; such as offensive odours, frightful objects, vapour of coal, fragrant flowers, etc.; the body is to be made easy; neck, chest, and abdomen, are to be bared, the patient

is to be put in a horizontal posture, doors and windows are to be opened for the purpose of letting in fresh air: or else the patient is to be placed near the open window. These means are frequently sufficient to restore the patient. If not, the patient may be sprinkled with cold water; in hysteric syncope, burnt feathers, cut onion, vinegar, ether, should be held under the nose. Temples, forehead, lips, epigastrium should be rubbed with vinegar, wine; drops of wine or water should be given him; the extremities should be rubbed; sometimes injections are suitable, and, if the paroxysm should last very long, poultices of horse-raddish may be applied to the region of the stomach and heart.

If the syncope should depend upon general debility accompanied with a feeling of anxiety, the best remedy is *Arsenic*. *Veratrum* deserves a preference over Ars., if the debility and syncope should be a sequel to a violent, long-lasting acute disease, and should be occasioned by the least motion. *China* corresponds to syncope arising from loss of animal fluids, excessive nursing, frequent blood-letting, hæmorrhage, excessive loss of semen, chronic diarrhœa; *Acid. phosph.* and *Staphys.* are sometimes indicated by this condition. *Aconite* is the principal remedy for syncope from congestion of the head; sometimes *Bellad.*, *Nux*, *Crocus;* Crocus especially when the nose bleeds profusely; the two last named remedies are suitable for young, plethoric individuals.

Hysteric syncope yields to *Chamomilla*, *Moschus*, *Ignat.*, *Valeriana*, *Pulsat.*, *Viola odorata*, *Cocculus*, etc. *Caladium* corresponds to syncope from meditation, writing, or a recumbent posture. *Carbo veg.* and *Nux vom.* remove syncope which usually takes place in the morning. *Hepar sulp.* or *Nux mosch.* is suitable to evening-syncope with slight distress, vertigo, or vanishing of sight. Syncope after dinner yields to *Nux v.* Syncope with coldness of the external parts to *Colocint.*, with nausea and prostration to *Causticum.*

Syncope from starvation requires medical treat-

ment, but as soon as the patient recovers his senses, small quantities of wine should be given him in frequent succession, and afterwards small portions of broth with egg, biscuit, sago, gritts; lastly, but cautiously, some more substantial food.

§ 157. *Asphyxia, apparent death.*

In asphyxia there is a temporary cessation of the functions of the heart and lungs; the patients are insensible, without motion or consciousness; the limbs are rigid. There are no symptoms of decay: the cornea is not soft and doughy as in death, nor can impressions be made upon it. In some cases the patients hear what is spoken, without being able to give any signs of life.

Pathogenesis. The disease arises from deprivation of the atmospheric air, as in the case of suspended, strangulated, drowned individuals, or from obstruction of the air-passages by croupous exsudation, mucus, pus, or some other morbid product, compression of the air-passages by swellings, aneurysms, abscesses, goître, etc. Asphyxia is likewise caused by congelation, mephitic air, lightning, violent emotions, poison, malignant typhus, plague. Every syncope, if of long duration, may terminate in asphyxia; it sometimes is a symptom of a general nervous disease, in hysteric, epileptic, cataleptic, lying-in patients.

§ 158. *Treatment:* First of all, the immediate cause of asphyxia should be removed. Then the patient is to be placed in pure air, and covered with warm blankets, ashes, or sand; warm applications to the pit of the stomach, axillæ, and soles of the feet, are to be renewed constantly (some living body answers best); the patient should be put in a warm bath containing a little salt or ashes; at first the water should be tepid, to which warmer water may be added gradually. The patient should remain in such a bath for one hour; during this time the extremities may be rubbed with the palm of the hand, woollen cloths, soft brushes. If the head should be very much

congested, it may be frequently sprinkled with cold water while the patient is in his bath. On being taken out of the bath, the patient should be carefully dried and put in a warm bed, the temperature of the bed to be kept up with warm bottles, and the like. The utmost precaution should be used in undressing the patient; generally speaking, it is best to cut the clothes with knives and scissors, in order to avoid any violent concussion, flexion and extension of the extremities. Warmth has frequently proved sufficient to remove apparent death; it is a more important remedy than any thing else, and should not be interrupted by any other means of treatment. Too much should never be done at once; nor should too powerful stimulants be employed at the commencement, lest the feeble remnant of irritability should be completely overcome and destroyed.

To restore the respiratory process as soon as possible, air should be blown into the mouth after closing the nose of the patient, and the respiratory motions of the thorax should be imitated. The air should be blown in by some other person who is to apply his mouth to the mouth of the patient, or by means of some artificial apparatus containing pure, or oxygenated air. Previously, however, the mouth and nose of the patient must be cleansed of the adhering mucus. The artificial motions of the thorax are best imitated by applying a towel round the chest and alternately pulling upon, and relaxing it.

A current of electricity or galvanism from the pit of the stomach to the opposite side of the spine is likewise an excellent means of reviving the patient. Eisenmann proposes the following mode of applying the galvanic current: Insert a needle on the edge of the sterno-cleido-mastoideus muscle in the middle between the handle of the sternum and the angle of the jaw, and another needle under the false ribs towards the edge of the diaphraghm; bring the two needles in contact with the wires of a galvanic battery of moderate power.—During the bath, or even at the

commencement, the face, pit of the stomach, genital organs should be sprinkled with cold water, vinegar, wine, the sprinkling to be performed with a syringe, not too gently; ether may be dropped upon the pit of the stomach, and spirits of hartshorn held under the nose. Friction should be made upon the extremities, pit of the stomach, chest, spine, forehead and temples; spirits may be occasionally used for that purpose.

Other stimulants are: dry cupping, pricking with needles (under the nails), beating with nettles, dropping molten wax, pitch, sealing-wax upon the skin, application of a red-hot iron to the pit of the stomach and spine, a vesicatory on the epigastrium after previously removing the epidermis, moræ, etc. These violent means should only be used after every other method of relief had failed.

Even bloodletting may sometimes be required. A little depletion is frequently the only means of restoring the susceptibility to the influence of other remedial agents. Bloodletting is particularly indicated when a congestion of the brain, lungs or heart is indicated by blueness and venous turgescence of the face, redness of the whole body, protrusion and injected appearance of the eyes, swelling of the cervical and temporal veins.

After the removal of asphyxia, violent congestions or inflammations of the brain, lungs, or typhoid symptoms set in, which require the most careful homœopathic treatment. The patient is greatly relieved by the copious involuntary discharges of fetid fæces which frequently take place in this condition. If no such evacuations should take place, injections will frequently have to be ordered.

§. 159. *Asphyxia by drowning.*

Asphyxia and death by drowning may take place in two ways: from the lungs by keeping off the atmospheric air and preventing the oxydation of the blood, and from the brain by a sudden cessation of its functions.

It is important to know that some who get under

the water lose their consciousness suddenly, without a struggle; in such a case the presumption is that the brain has at once become paralyzed; whereas others die from gradual suffocation, the loss of consciousness taking place after the stupifying influence of the non-oxydized blood has reached the brain (Canstatt).

Prognosis: Recovery is probable provided the patient was no longer than five minutes under water; if he had been under water fifteen minutes and longer, there is very little hope of saving the patient, though this has happened. The colder the water, the more unfavourable the prognosis.

§. 160. *Treatment:* A good deal of mischief is done by retarded or wrong treatment. Very few patients die from the water getting into the lungs or stomach; it is therefore highly absurd to place them upon their heads in order to pour the water out as you would from a bottle. The great point is to restore the vital functions, and this is most suitably accomplished in the following manner: Remove the patient from the water as cautiously as possible, and place him in a warm room in a horizontal posture; in the summer season, he may even be extended on some warm spot in the open air. The patient's clothes, cravat, shirt should be taken off by means of scissors, and the body should be dried with warm flannel. Lay the body on the right side, head and chest somewhat higher than the extremities, in order that the fluid which has penetrated into the mouth and trachea might be freely discharged; mouth and nose are to be cleansed from the adhering impurities. Warm bottles should be applied on both sides of the body, and to the spine and feet of the patient, and the pit of the stomach should be covered with warm cloths or with bladders filled with warm water. The soles of the feet, extremities, pit of the stomach, spine should be alternately rubbed with warm flannel or hard brushes. The Schneiderian membrane should be stimulated with spirits of hartshorn, vinegar, ether; spirits and aromatic fluids should be rubbed

upon the skin; the soles of the feet, the fine skin of the nose and the uvula should be irritated with a feather. Injections of tobacco, or of water mixed with salt, soap, vinegar, are likewise useful. All these stimulants have to be used with moderation.

Respiration is to be restored by the means which have been pointed out for asphyxia; the lower false ribs are to be pressed laterally upwards, and pressure is at the same time to be made softly upon the abdomen in the direction of the diaphragm, which is pressed upwards into the thoracic cavity by this means. Another means is to blow air into the patient's mouth, the larynx being at the same time gently pressed upon from before backwards, in order that the air might get into the trachea and not into the œsophagus. Galvanism is likewise recommended; it is also deemed useful to drop water upon the epigastrium, hot sealing-wax upon the skin; dry cupping in the umbilical region or on the inner sides of the thighs, is likewise expedient. If all these means should fail, the patient's body, except the head, is to be wrapt up in warm ashes, which may even be mixed with sand or salt. This warm dry bath is to be continued for several hours.

If warmth and reaction should gradually set in, the patient is to be put in a warm bed, he is to be given some green tea with rum, in order to make him perspire, without however heating the body too much, which might be injurious. If the patient be a plethoric individual, and congestions be distinctly visible, venesection might be resorted to, which would have been useless as long as the circulation was not restored.

The attempts to resuscitate the patient should be continued for several hours and more; they should be discontinued only after the body has become cold and rigid by the hand of death.

§ 161. *Asphyxia by strangulation, suspension.*

Death by strangulation is most frequently the result of apoplexy and suffocation at the same time. The

brain first becomes congested; the face is red and blue, the eyes protruded, there is a sensation of pain, heat, dizziness in the head, fiery flashes before the eyes followed by darkness, buzzing and ringing in the ears; these symptoms are finally followed by loss of sensation and motion. Suspended individuals are never conscious of any distress of breathing; we know this from the statements of those that were saved in time; complete stupor precedes the suffocation. In the last moments the penis frequently becomes erect and a discharge of semen takes place.

It is of great importance to cut down suspended individuals with great caution, lest the body should fall on the ground. After taking off the clothes, the suspended person is laid in a horizontal posture, head and chest being somewhat more elevated. If the face should be livid and symptoms of apoplexy should be present, the best means of resuscitating the patient, is animal magnetism. The flat and extended hand is to be carried, at the distance of one inch from the patient, from the crown of the head to the toes of the feet. This pass removes the congestion of the brain, the more speedily the more rapidly it is executed. This proceeding is repeated every 2 or 3 minutes. At the same time doors and windows have to be opened in order to secure the access of fresh air. Every possible means should be used during all this time to restore the patient. Air should be blown into him, and artificial respiration instituted, friction should be resorted to, and the fauces should be tickled with a soft feather. If these means should prove insufficient to remove the congestion of the brain and the apoplectic condition of that organ, in that case a moderate quantity of blood should be drawn from the jugular vein, in order to restore the circulation, provided this is still possible. Afterwards the remaining congestion has to be treated with *Aconite*, *Bellad.*, *Bryon.*, *Mercur.*, etc.; the action of these remedies can be increased by applying oat-meal poultices to the soles of the feet. If all these means should still fail, warm wine and the

acetate of naphtha should be rubbed upon the epigastrium and temples, the soles of the feet should be brushed, and stimulating injections or even a tepid or warm ash-bath should be resorted to. Frequent doses of a *solution of Camphor* should be administered, after which a few doses of *Coffea* may occasionally be given. If no symptoms of congestion be present, if the face be pale, bloodletting has to be omitted, and all that should be done, is to apply the above-mentioned irritants of the skin and mucous membrane, the artificial respiration and galvanism. The contused neck should be bathed with emollient fomentations, or almond-oil should be rubbed upon it.

§. 162. *Apparent death by congelation.*

Symptoms of congelation are: great lassitude and heaviness in the extremities; hunger; dulness of the head and disposition to sleep. At last the patients are unable to walk or stand, they stagger as if intoxicated, are overcome by sleep, fall into a sort of lethargy, which terminates in death. Breathing and circulation generally continue for a time during the sopor. In some cases patients have been restored to life even after having been in this state of asphyxia for one or two days. The body and extremities of such persons are rigid, hard and cold as ice, and frequently break as readily.

Treatment. In carrying or undressing the patient, the greatest care is required, lest the body should be broken. To restore the animal heat, the lowest degrees of temperature should be employed first, and gradually higher degrees resorted to.

The clothes must be cut off with scissors. This done, the patient has to be extended on snow, and to be covered with a layer of snow of one or two inches deep, to be pressed as firmly as the case will permit. Mouth and nostrils should be left free. As soon as the snow begins to melt, it has to be renewed. If no snow can be had, icy-cold water may be used in the shape of a bath, or the frozen individual may be

wrapped in clothes dipped in icy-cold water. After the lapse of an hour, the body is taken out of the snow, and is washed with snow-water, cautious at tempts being made at the same time to move the extremities. Gradually warmer water is used, the pit of the stomach is rubbed with water and vinegar, wine, naphtha; spirits of hartshorn or camphor are from time to time held under his nose. If the body should become warm, and the extremities should lose their rigidity, the patient is carefully dried and put in a moderately warm bed in a moderately warm room. Here friction is instituted, and the artificial respiration attempted. The thawed extremities are washed with tepid wine, vinegar, or brandy and water; afterwards some warm drink is given to the patient, first in small and then in gradually increasing doses; green tea with a little rum or red wine, afterwards broth, etc., are excellent for that purpose. The best means, however, is the tincture of *Coffea cruda*, the palliative effect of which has been sufficiently tried, in cases that require immediate relief, sea-sickness, poisoning with opium, veratrum, in the case of drowned, asphyxiated or frozen individuals, etc. If a numb and dead feeling should remain in single parts, nose, ears, hands, feet, the above described means are to be continued with these parts, until these morbid sensations have disappeared. If any fever or other morbid symptoms should remain after resuscitation, the proper homœopathic agents are to be employed for their removal.

§. 163. *Sideratio. Asphyxia by lightning.*

Individuals struck by lightning, frequently retain the same position that they had before being struck. If they were not killed, they lie in a state of stupour or catalepsy, the heart beating very feebly, or not beating at all. The face is frequently red, blue, the eyes staring, ecchymosed; sometimes blood is discharged from mouth, nose and ears; or these parts are pale, the limbs are relaxed or spasmodically contracted.

The clothes of the patient are frequently burnt, torn; the surface of the body is sometimes scorched, burn-blisters and red streaks are observed here and there; the hairs of the head are sometimes crisped. Upon return of consciousness, the patient complains of headache, pain in the limbs, feeling of lameness, oppression of the chest, stitches in the chest, numbness of the extremities; paralysis, numbness, blindness, disposition to sleep, dumbness, tremour, frequently remain after the return of consciousness, disappearing more or less rapidly; in some cases startings of the limbs remain as are caused by an electric shock.

Treatment: Persons that are struck by lightning are not always lost, as I know from my own experience. If the persons had been struck in a room, and they had not yet been carried out of it, I had them carried into the open air, or else into another room. In one case I employed electricity, because an electric machine happened to be handy. I drew small sparks from various parts of the body, and, by this means, succeeded in restoring the patient much more speedily than I was able to do in other cases where electricity could not be employed. An electric shock through the head, followed by another one through the chest and back, is probably still more conducive to the desired end. Electricity is the best remedy for the effects of lightning, and restores the patient without leaving any unpleasant symptoms.

Where no electricity can be employed, the following proceeding should be resorted to: Cause a ditch of about two feet deep to be dug in the ground, and place the patient in a state of nudity in it, in a sitting posture with the head erect; he is to be covered with earth all round. Or he may be concealed in a heap of manure in the above-described manner. If these means should not be handy, then the patient must be sprinkled with cold water, and the soles of the feet, palms of the hands, and internal sides of the thighs must be rubbed with hard brushes. Spirits of hartshorn are to be held under his nose, a few drops of the

acetate of naphtha are to be dropped or rubbed upon the epigastrium. It is likewise useful to blow air into the patient, and to give him injections of cold water mixed with salt or vinegar. If congestion of the brain should be present, a vein may be opened, after which animal magnetism should be resorted to. After the patient had been revived, I have sometimes found *Aconite* very useful. If the head was dull and confused, and the patient was unable to recover his senses, frequent small doses of *opium* seemed to be the most suitable remedy.

§. 164. *Asphyxia by the vapour of coal.*

This vapour may fill a room from various causes: vessels with burning coal left in a room, untimely closing of a stove-pipe by means of a stopper, badly built chimneys, or even design. Symptoms: heaviness, dulness of the head, vertigo, sometimes an agreeable stupour, constrictive sensation in the temples; shortly after, a violent, boring headache, constant buzzing in the ears, and great lassitude in the limbs. The face is red, bloated, bluish; the veins in the face and temples are distended; the eyes are protruded and glisten. Afterwards the breathing becomes difficult, deep, moaning, oppressed in consequence of a constrictive sensation under the sternum; the heart beats violently, the pulse is hard and hurried, the symptoms are those of a semi-apoplectic condition; delirium, loathing, retching, vomiting, convulsive twitchings of the facial muscles, trismus are frequently present. The disposition to sleep soon becomes irresistible, a comatose condition sets in, the pulse becomes small and irregular, the beats of the heart constitute a mere vibratory motion; the senses finally become extinct, the circulation and breathing cease, the sphincter-muscles become relaxed, stool and urine are passed involuntarily, death sometimes takes place with convulsions.

The prognosis is unfavourable if the muscles have become rigid, and involuntary discharges of stool and

urine have taken place; if the natural temperature of the body continue, the muscles and eyelids twitch, etc., the prognosis is more favourable.

Treatment: Expose the patient as soon as possible to a pure air, the fresh open air being preferable; if the patient cannot be carried into the open air, doors and windows have to be opened. Undress the patient, place him in a horizontal position, with the head and chest somewhat raised, and sprinkle the face and body with cold water; friction is to be used; cold water should be poured from a certain distance on the face and epigastrium by means of a syringe; washing with vinegar is not to be neglected. Excellent means are: blowing in air, artificial respiration, injections of vinegar, smelling of the spirits of hartshorn, acetate of naphtha, spiritus nitri dulcis, etc., and animal magnetism.

§ 165. *Asphyxia by mephitic air.*

Individuals who are exposed to this air, first feel an oppression and increasing weariness which terminates in fainting and asphyxia, but generally speaking disappears without leaving any unpleasant effect, as soon as the patients are exposed to the open air. The symptoms are more dangerous, however, if hydrothion gas or hydrothionic ammoniacal gas be inhaled. Individuals that come in contact with these gases, frequently fall dead as if struck by lightning; in other cases this effect does not take place till the individual has been for some time exposed to the action of the gases. Such individuals first feel a violent pain in the stomach and joints, a constriction in the throat; they utter a roar which is frequently followed by delirium, sardonic laughter, general convulsions with opisthotonus, the face is pale, the pupils are dilated and immoveable, the mouth is filled with a white or bloody froth; the breathing is spasmodic, the breath smells like sulphuretted hydrogen gas; the motions of the heart are irregular, the skin is icy-cold.

In order to be protected against these gases, the

ditches should be opened to the air long before the workmen enter; a light should be introduced into the ditches to ascertain whether it will burn or become extinct. A heap of glowing embers may likewise be introduced; if a fiery areola be observed around them, this shows that sulphuretted hydrogen is present. To correct the mephitic air, fires should be kindled in the ditches, currents of air should be established, chlore or a solution of the chloride of lime should be poured into the ditch, the morass should be stirred with long poles, and the cleansing of the ditch should take place in dry and cold weather. The workmen should be admonished to turn away their heads as soon as excessively offensive odours are suddenly perceived by them, and to leave the ditch at once if they should feel sick.

The treatment is pretty much the same as is pursued in other forms of asphyxia. In Paris, as soon as a workman feels sick, his comrade gives him a few tablespoonfuls of olive-oil, and then a glass of brandy; these substances generally effect an evacuation upwards and downwards, which affords great relief. Dupuytren recommended to inhale chlore; since then this has frequently been done with success. A cloth or sponge is dipped in a solution of the chloride of lime, and held to the mouth of the asphyxiated individual; he is at the same time to be sprinkled with cold water.

Asphyxia by carbonic acid gas.

This gas is frequently found accumulated in cellars containing spirituous liquids, wine, beer, juices in a state of vinous fermentation; in the neighbourhood of acid springs, mines, cavities, subterraneous caverns, in the neighbourhood of marshes containing a quantity of vegetable matter in a state of decomposition; in rooms filled with men and animals.

In this case asphyxia takes place suddenly; the individual falls down suddenly without consciousness; if there be not too much of the noxious gas,

the individual is first taken with vertigo, buzzing of the ears, extinction of the senses, hiccough, headache, coma, delirium with redness of the face and congestion of the eyes; asphyxia takes place at a later period.

The treatment is the same as in the case of asphyxia by the vapour of coal. Before removing the individual from the place where the suffocation took place, fresh air must be admitted by every possible means, lest the person who undertakes the saving, should likewise be suffocated. Burning straw is thrown into the ditch or cavity, gunpowder is burnt in them, those who descend into the cavity for the purpose of saving, keep before their mouths a sponge soaked with the milk of lime; they are moreover tied to ropes so that they may be hauled up immediately, as soon as they perceive danger.

The external stimulants which require to be used in the above-mentioned forms of asphyxia, are the same under homœopathic as under allœopathic treatment. Internal medicines will be found useless as long as the vital power has not been roused by some external stimulant. This being accomplished, the internal homœopathic agent will be found eminently useful.

§ 166. *Asphyxia neonatorum. Apparent death of new-born infants.*

In this condition there are no signs of life, but on the other hand no symptoms of decay. The causes of asphyxia are various: Stoppage of the circulation in the cervical vessels; pressure on the umbilical cord; constriction of the neck by the umbilical cord; retarded delivery of the head; slow labour; difficult labour, requiring the use of the forceps; traction of the spinal marrow as might take place in pulling on the feet of the fœtus; accumulation of mucus in the mouth, fauces, trachea, etc.

Asphyxia is characterized by the following symptoms: The infants are generally large, heavy, of a

plethoric constitution; the infant's face is blue-red, the eyes protruded, the body is warm, red, covered with blue spots here and there; the infants are generally fully developed, the skin is tight, the umbilical vessels turgid, sometimes with visible pulsations, the pulse is still perceptible; congestive symptoms are universally present; the head is pressed into an oblong shape.

This variety of asphyxia is termed by authors asphyxia apoplectica S. hyperæmica, and is more easily removed by the medicines mentioned below than the following variety.

Another variety is asphyxia syncoptica or anæmica. This form of asphyxia is occasioned by miscarriages or metrorrhagia during pregnancy or delivery; it frequently takes place with debilitated females or mothers who have been exhausted by disease, or who have had violent emotions during pregnancy or shortly before delivery. This kind of asphyxia is characterized by the following symptoms:

The whole body is pale, flabby, not properly developed, the face is sunken and pale, the lips are blue, the lower jaw is depressed, the extremities are cold, the skin is relaxed, mouth and anus generally are open, and the body is stained with meconium; the pulse is collapsed, symptoms of debility and depletion are universally present.

§ 167. *Treatment:* Some pathologists propose, in asphyxia apoplectica, to let a few teaspoonfuls of blood escape from the umbilical cord, in order to equalize the circulation and rouse the vital forces. I would only resort to this means after having fruitlessly tried more simple means.

My own mode of treatment is as follows. The child should not at once be separated from its mother; the mucus which is in the child's mouth should be removed with the little finger, which is to be inserted in the mouth as far as the root of the tongue: the body, particularly the chest, is to be rubbed with warm cloths, the palms of the hands and soles of

the feet are to be rubbed with a brush that should not be too hard, and the respiration is to be excited by blowing air into the child's mouth, etc. If these means should not be sufficient to restore life, I drop a few drops of the acetate of naphtha upon the pit of the stomach and have them rubbed upon the skin with a warm hand. If this should likewise be ineffectual, the cord should at once be cut and a little blood should be drawn from the end of the cord belonging to the child.

Another good means is, after the child has been separated from the mother, to sprinkle the child with cold water, or to drop a little cold water upon the pit of the stomach from a certain height, or to throw a little cold water upon that region by means of a syringe.

If all these means should remain unsuccessful, then a tepid bath should be administered, and the above-mentioned expedients should be resorted to again while the child is in the bath; burnt feathers, the acetate of naphtha, spirits of hartshorn, etc., may at the same time be held under the child's nose.

All these measures, except the letting of blood, are likewise to be recommended for asphyxia anæmica, though success is much less frequent in this variety.

The means which I have recommended to rouse the vital power of the child, should be used slowly, gently, though perseveringly; the efforts may be moderated in proportion as the child seems to revive. They should not be discontinued, however, till the child is completely resuscitated. The first symptoms of life are: slight twitchings and tremulous motions around the mouth; slight though perceptible contractions of the pectoral muscles; returning warmth and redness of the lips; the froth at the mouth begins to be agitated and the breathing becomes audible.

As regards the internal treatment, *Aconite* should be given for asphyxia plethorica, and *China* for asphyxia syncoptica.

APPENDIX.

DISEASES OF NEW-BORN INFANTS, WHICH IT WAS NOT EXPEDIENT TO MENTION BEFORE.

§ 168. *Ankyloglossum. Tied tongue.*

This defect of the tongue is recognised by the striking shortness, or breadth of the frænulum, causing an immobility of the tongue which renders it difficult for the infant to nurse. The infant is unable to elevate the tongue or to stretch it forward.

It is quite easy to remedy this defect. The frænulum has to be cut in the middle with a pair of curved scissors or with short straight scissors. I generally make the incision over a split narrow spatula. The cut should not be too long, for fear of wounding important vessels or nerves. The bleeding which sometimes takes place, is easily arrested by touching the wound with a little wine.

§ 169. *Partial Swellings in consequence of heavy labour.*

Such swellings are most frequently seen on the head, and arise from the pressure upon the head by the pelvic bones. It is an œdematous swelling, imparting to the head either an oblong and pointed or a biassed shape. This swelling soon disappears of itself through the restorative internal action of the brain; in obstinate cases, however, it is sufficient to bathe it with a solution of a few drops of the *tincture of Arnica* in two ounces of tepid water.

§ 170. *Cephalætoma, bloody tumour.*

These tumours are not noticed at the birth of the infant. They arise from a gradually spreading effusion

of blood into the cellular tissue. This tumour is more elevated and circumscribed than a simple swelling, and fluctuation is distinctly perceived in it. The tumour is not diminished by pressure, nor does it cause pain or induce sopor. Such bloody tumours occur during an easy as well as heavy labour, not only on the parts that happen to present, but principally on the parietal bones. If remaining uncured for a length of time, the subjacent bones may become inflamed, and such an inflammation may terminate in suppuration and caries.

§ 171. The internal treatment of such tumours is unavailable as long as the tumour remains unopened. My mode of treatment is as follows: I lance the tumour where it fluctuates most, press the contents out very slowly and cautiously, insert a small wick in the incision to prevent the immediate closing of the wound, and cover the wick with a double-folded piece of linen saturated with a weak solution of Arnica.

Some pretend to have removed the tumour with Rhus in a few days without opening it.

Tumours discharging ichor in consequence of allœopathic mismanagement, are healed with *Arnica*, *China*, *Silicea*.

§ 172. *Swelling of the breasts, soon after birth.*

This swelling is sometimes caused by mechanical pressure on the nipples. In this case, *Arnica*, internally and externally, is sufficient to remove the trouble. If erysipelatous inflammation with hardness should be present, *Chamomilla* and *Belladonna* are the best remedies. In phlegmonous inflammation, *Aconite* to be followed by *Bryonia* is most suitable. If pus have formed, it must be discharged, after which the wound will sometimes close of itself; if not, *Hepar* and *Silicea* will effect a cure.

§ 173. *Hiccough of new-born infants.*

This trouble generally arises from exposure to cold, and disappears as soon as the child gets warm again.

It is sufficient to put the infant to the breast or to give it a few teaspoonfuls of water and sugar.

§ 174. *Constipation of new-born infants.*

A change of diet is sometimes sufficient to remove this difficulty. If the mother or nurse do not take coffee, a teaspoonful of coffee without milk, sweetened with sugar, will sometimes open the bowels. If the infant be otherwise healthy, an injection of tepid milk, or tepid water sweetened with sugar, may be given. If this should fail, give an injection of half a pint of milk, sweetened with two tablespoonfuls of honey.

If the constipation should arise from abuse of coffee on the part of the mother or nurse, give *Nux vom.* This is likewise indicated when the constipation was caused by indigestible food, or when the stools are very hard and the infant has to strain a good deal.

Opium is indicated when the peristaltic movement of the bowels seems to be entirely prostrate, and the abdomen begins to be distended.

Bryonia is frequently useful after Nux, and *Veratrum* is indicated for torpor of the rectum.

Argilla 30 is one of the principal remedies for torpor of the rectum.

Tinctura sulphuris 30, or *Lycopod.* 30, is excellent, when the disease is very obstinate; likewise *Calc. carb.* and *Zincum.*

§ 175. *Screams of infants, without any perceptible cause.*

If these screams should be caused by pricking of pins, tight bandaging, etc., the cause is easily removed. If the cause should not be known, *Chamomilla* or *Belladonna* will frequently stop the distress. *Coffea cruda* is required, when the infant had been suddenly disturbed from sleep, and would like to sleep again, but is not able.

These screams sometimes arise from colic, accompanied with tossing about, drawing up of the extremities, diarrhœic stools which sometimes corrode the

anus; in this case *Chamomilla* is the remedy. *Jalapa* may likewise prove useful, with or without diarrhœa. *Senna* is indicated for flatulent colic, with sleeplessness and vascular orgasm. *Rheum* for colicky, ineffectual urging to stool, or scanty discharge of gray, sour fæces without relief.

§ 176. *Protrusion of the umbilicus, inguinal hernia.* These defects sometimes arise from pulling at the umbilicus, tight bandaging, constant screaming, etc. In umbilical hernia the swelling sometimes extends an inch or more out of the umbilical orifice.

A well applied bandage is sometimes sufficient to cure the hernia. In many cases, however, the constant screaming of the infants prevents the cure. In such cases, after replacing the hernia, I apply a double or treble-folded linen compress fastened by two cross strips of adhesive plaster. It is sometimes expedient to moisten the compress with some kind of spirits.

In inguinal hernia mechanical means can very seldom be used.* The best remedy for this kind of hernia is *Nux vom. Chamomilla, Veratr. album, Aurum* are likewise useful. In obstinate cases I have used *Acidum sulphur.* and *Sulphur* with great success.

§ 177. *Strangury.*

This trouble sometimes sets in without any apparent cause. The infant screams before urinating, or even while the urine is being discharged in drops. The region of the bladder is distended, and the infant screams constantly and suffers great pain. This distress either arises from inflammation or spasm. If from inflammation, the region of the bladder feels hot, and there is a feverish condition of the body.

One dose of *Aconite* frequently removes the com-

---

* A silk-truss with a silk pad can be applied with great benefit. Any mother can make this for her baby under the direction of the physician.—*Hempel.*

plaint. If spasm be the cause, or if the cause be unknown, a few pellets of *Camphora*, first att., are sometimes sufficient to a cure. *Cantharides* are a well known remedy for this affection. Latterly I have used *Phosphorus* 30 for a spasmodic retention of urine.

In my district, people use as domestic remedies for this affection, a decoction of *Apium petroselinum* in teaspoonful doses, which, however, sometimes causes an obstinate gastric derangement, and a decoction of *Rosa villosa*, which is preferable to the former.

Cannabis and *Lycop.* are very useful in this disease.

WILLIAM RADDE,

IMPORTER, BOOKSELLER, AND PUBLISHER,

322 BROADWAY, NEW-YORK.

Importation of Books, English and Foreign, for Colleges, Public and Private Libraries, etc., etc.

SINGLE BOOKS IMPORTED TO ORDER.

Orders forwarded by every steamer, and also by the Liverpool Packets, and answered promptly by the return of the first steamer after the receipt, if desired.

W. R. would invite attention to his facilities for procuring English and Foreign Books for Colleges, Public and Private Libraries, Booksellers, and the public generally, on at least as good terms, and with greater despatch, than they have ever before been imported into this country by any other establishment.

All the German Journals, Monthlies, Quarterlies, and Newspapers, received regularly by the steamers for subscribers and the *principal periodicals*

HOMŒOPATHIC MEDICINES.

Wm. Radde, 322 Broadway, New-York, respectfully informs the Homœopathic Physicians, and the friends of the System, that he is the sole Agent for the Leipzig Central Homœopathic Pharmacy, and that he has always on hand a good assortment of the best Homœopathic Medicines, in complete sets or by single vials, in *Tinctures*, *Dilutions* and *Triturations;* also *Pocket Cases of Medicines; Physicians' and Family Medicine Chests to Laurie's Domestic* (60 Remedies)—EPP'S (58 Remedies)—HERING'S (82 Remedies).—*Small Pocket-cases*, at $3, with Family Guide and 27 Remedies.—*Cases* containing 415 Vials with Tinctures and Triturations for Physicians.—*Cases* with 240 Vials of Tinctures and Triturations to Jahr's New Manual, or Symptomen-Codex.—*Pocket Cases* with 60 Vials of Tinctures and Triturations.—*Cases* from 200 to 300 Vials with low and high dilutions of medicated pellets.—*Cases* from 50 to 80 Vials of low and high dilutions, &c. &c. Homœopathic Chocolate. Refined Sugar of Milk, pure Globules, &c., *Arnica Tincture*, the best specific remedy for bruises, sprains, wounds, etc. *Arnica Plaster*, the best application for *Corns*. *Urtica urens*, the best specific remedy for *Burns*. Also, Books, Pamphlets, and Standard Works on the System, in the English, French, and German languages.

HOMŒOPATHIC BOOKS.

JAHR'S NEW MANUAL; originally published under the name of Symptomen-Codex. (Digest of Symptoms.) This work is intended to facilitate a comparison of the parallel symptoms of the various homœopathic agents,

thereby enabling the practitioner to discover the characteristic symptoms of each drug, and to determine with ease and correctness what remedy is most homœopathic to the existing group of symptoms. Translated, with important and extensive additions from various sources, by Charles Julius Hempel, M. D., assisted by James M. Quin, M. D., with revisions and clinical notes by John F. Gray, M. D.; contributions by Drs. A. Gerald Hull, and George W. Cook, of New-York; and Drs. C. Hering, J. Jeanes, C. Neidhard, W. Williamson, and J. Kitchen of Philadelphia; with a preface by Constantine Hering, M. D.

This new Manual is distinguished from the old by many important and essential advantages. It is much more complete than the former editions of Jahr, embracing nearly three times the amount of matter contained in the old Jahr, and furnishing, moreover, the pathogenetic symptoms of several entirely new remedies, by distinguished provers. The expression of the symptoms, as recorded in the Materia Medica Pura, and in the isolated provings of recent observers, has been retained, and only unnecessary repetitions have been avoided. After a very judicious and instructive preface. the whole system is here displayed with a modesty of pretension, and a scrupulosity in statement, well calculated to bespeak candid investigation. The second volume embraces a classification of medicines with reference to their use in practice; explanation of terms, which, in German, have a more or less technical meaning, and for which the English language has no strictly corresponding expression. On Doses. A complete table of the Homœopathic Medicines, with their names in Latin, English, and German; their synonymes, antidotes, compare with, duration of effect, and the dose. This very laborious work is indispensable to the students and practitioners of Homœopathy, and highly interesting to medical scientific men of all classes. Two volumes bound. Price $11 00.

LAURIE, DR. J. HOMŒOPATHIC DOMESTIC MEDICINE, with the Treatment and Diseases of Females, Infants, Children, and Adults. Fourth American edition, much enlarged, with additions by A. Gerald Hull, M. D. 1848. Bound, $1 50.

G. L. RAU'S ORGANON of the Specific Healing Art of Homœopathy. Translated by C. J. Hempel, M. D. 1848. $1 25.

HAHNEMANN, Dr. S. MATERIA MEDICA PURA. Translated and edited by Charles Julius Hempel, M.D. 4 vols. 1846. $6.

E. STAPF'S ADDITIONS to the Materia Medica Pura. Translated by C. J. Hempel, M. D. $1 50.

HAHNEMANN, Dr. S. THE CHRONIC DISEASES, their Specific Nature and Homœopathic Treatment. Translated and edited by Charles J. Hempel, M. D., with a Preface, by Constantine Hering, M. D., Philadelphia. 8vo. 5 vols. Bound. 1845. $7.

TRANSACTIONS of the American Institute of Homœopathy. 1846. Bound. $1 50.

C. HERING'S DOMESTIC PHYSICIAN. Fourth American edition, revised with additions from the author's manuscript of the sixth German edition. The part relating to the diseases of Females and Children, by Walter Williamson, M. D. 1848. $2

HOMŒOPATHIC COOKERY. Second edition, with additions, by the Lady of an American Homœopathic Physician. Designed chiefly for the use of such persons as are under homœopathic treatment. 50 cts.

RUECKERT'S THERAPEUTICS; or, Successful Homœopathic Cures, collected from the best Homœopathic Periodicals, translated and edited by C. J. Hempel. 1 large 8vo. vol., bound. 1846. $3 50.

HEMPEL'S Homœopathic Domestic Physician. 1846. Bound. 50 cts.

JAHR, G. H. G., M. D. SHORT ELEMENTARY TREATISE upon Homœopathia and the Manner of its Practice; with some of the most important effects of ten of the principal Homœopathic remedies, for the use of all honest men who desire to convince themselves by experiment, of the truth of the doctrine. Second French edition, corrected and enlarged. Translated by Edward Bayard, M. D. Bound. 37½ cts.

BŒNNINGHAUSEN'S ESSAY on the Homœopathic Treatment of Intermittent Fevers. Translated and edited by Charles Julius Hempel, M. D. 1845. 38 cts.

A TREATISE ON THE USE OF ARNICA, in cases of Contusions, Wounds, Strains, Sprains, Lacerations of the Solids, Concussions, Paralysis, Rheumatism, Soreness of the Nipples, etc. etc., with a number of cases illustrative of the use of that drug. By Charles Julius Hempel, M. D. 1845. 18¾ cents.

RUOFF'S REPERTORY OF HOMŒOPATHIC MEDICINE, nosologically arranged. Translated from the German, by A. H. Okie, M. D., translator of Hartmann's Remedies. Second American edition, with additions and improvements, by G. Humphrey, M. D., etc. 1844. Bound $1 50.

THE HOMŒOPATHIC EXAMINER; by A. Gerald Hull, M. D. The second and third volume $10. Also volume IV. and V., or under the title—The Homœopathic Examiner, vol. I. and II., new series, by Drs. Gray and Hempel, 1845-1847, bound in two volumes, $6 00.

This is a very valuable collection of Essays on the treatment of all the more important diseases, such as *croup, inflammations, typhus, measles, scarlatina*, etc., etc. The work contains, likewise, many valuable provings, a number of interesting cases from practice, critical discussions, and original articles, and is altogether an indispensable aid to the physicians.

THE BRITISH JOURNAL OF HOMŒOPATHY. Edited by J. J. Drysdale, M. D.; J. R. Russell, M. D.; and R. J. Dudgeon, M. D. The two quarterly numbers of 1848 are on hand, at 75 cents each number. Several volumes of 1846 and 1847 are complete, on hand, at $3 each volume, of four quarterly numbers, with Title and Index.

HEMPEL'S BŒNNINGHAUSEN, for Homœopathic Physicians; to be used at the Bedside of the Patient, and in studying the Materia Medica Pura. 1 octavo vol., most complete edition, including the Concordances of Homœopathic Remedies. Translated and adapted to the use of the American Profession, by C. J. Hempel, M. D. 1847. $1 50.

HARTMANN'S ACUTE DISEASES, and their Homœopathic Treatment. Third German edition, revised and considerably enlarged by the

author. Translated, with additions, and adapted to the use of the American Profession, by C. J. Hempel, M. D. 1847. 2 vols., $2 75.

BECKER, M. D., ON CONSUMPTION. Translated from the German. 1848. 38 cents.

——— ON DISEASES OF THE EYE. Translated from the German. 1848. 38 cents.

——— ON CONSTIPATION. Tsanslation from the German. 1848. 38 cents.

——— ON DENTITION. Translated from the German. 1848. 38 cents.

☞ The above four works, bound in one volume, $1 00.

BECKER, M. D., Allopathy, Hahnemannism and Rational Homœopathy. Compiled from the German by Dr. Griesselich. Translated from the German. 1848. 13 cents.

HARTMANN, Dr. F. Practical Observations on some of the chief Homœopathic Remedies. Translated from the German, by A. H. Okie, M. D. First Series. Bound, $1 00

The second and last Series. Bound, $1 00.

EPPS, Dr. J. DOMESTIC HOMŒOPATHY; or, Rules for the Domestic Treatment of the Maladies of Infants, Children, and Adults, etc. Third American from the fourth London edition. Edited and enlarged by George W. Cook, M. D 1848. Bound, 75 cents.

J. JEANES, M. D. Homœopathic Practice of Medicine, $3.

W. WILLIAMSON, M. D. Diseases of Females and Children, 38 cts.

Wm. HENDERSON, M. D. Homœopathic Practice. 1846. 50 cts.

FORBES, M. D. Homœopathy, Allopathy, and Young Physic. 1846. 19 cents.

Wm. HENDERSON, M. D. Letter to John Forbes. 1846. 19 cents.

☞ The above three books, bound in one volume, $1.

JAHR'S PHARMACOPŒIA and Posology of the preparation of Homœopathic Medicines and the administration of the dose. Translated by F Kitchen. $2.

THE PRACTICAL ADVANTAGES OF HOMŒOPATHY, illustrated by numerous cases. Dedicated by permission to Her Majesty, Queen Adelaide. By H. Dunsford, M. D. $1.

JAHR'S MANUAL OF HOMŒOPATHIC MEDICINE. Translated from the German. With an introduction and some additions by C. Hering, M. D. 1838. $2 50.

A POPULAR VIEW OF HOMŒOPATHY. By Rev. Thomas R. Everest, Rector of Wickwar. With annotations, and a brief survey of the state and progress of Homœopathia in Europe. By A. Gerald Hull, M. D. From the second London edition. Bound, price $1.

THE FAMILY GUIDE to the Administration of Homœopathic Remedies. Third edition, after the second London edition, with additions. Retail price, 25 cents.

ON ECLECTICISM IN MEDICINE: or a critical review of the leading medical doctrines. An inaugural thesis, presented at the New-York University, on the first of March, 1845. By Charles J. Hempel, M. D. 25 cts.

REASONS why Homœopathy should receive an Impartial Investigation from the Medical Profession and the Public. By B F. Bowers, M. D. 13 cents.

DEFENCE OF HAHNEMANN AND HIS DOCTRINES, including an Exposure of Dr. Alex. Wood's "Homœopathy Unmasked." London, 1844 50 cents.

F. VANDERBURGH, M. D. An Appeal for Homœopathy; or, Remarks on the Decision of the late Judge Cowan, relative to the legal rights of Homœopathic Physicians. 1844. 12½ cents.

SHERRILL'S MANUAL OF HOMŒOPATHY. 37½ cents.

F. A. GUENTHER'S New Manual of Homœopathic Veterinary Medicine; or, the Homœopathic Treatment of the Horse, the Ox, the Sheep, the Dog, and other domestic animals. $1 25.

HYDRIATICS, or Manual of the Water Cure.—Especially as practised by Vincent Priessnitz, in Gräffenberg; compiled and translated from the writings of Charles Munde, Dr. Oertel, Dr. B. Hirschel, and other eye-witnesses and practitioners. Fourth edition, by Francis Graeter. Price 50 cents, with one plate or six engravings. 1844.

ROKYTANSKY'S PATHOLOGICAL ANATOMY. Translated from the German, with additions on Diagnosis, from Schönlein, Skoda, and others, by Dr. John C. Peters. 1844. 75 cents.

Opinions of the Press.—"Dr. Rokytansky's book is no more than it professes to be: it is morbid Anatomy in its densest and most compact form, scarcely ever alleviated by histories, cases, or hypotheses. It is just such a work as might be expected from its author, who is said to have written in it the result of his experience gained in the careful examination of over 12,000 bodies, and who is possessed of a truly marvellous power of observing and amassing facts. In the course of our analysis we have said comparatively little of its merits, the best evidence of which is found in the length to which our abstracts have been carried without passing beyond the bounds of what is novel or important. Nor would this fault have been committed though much more had been borrowed, for no modern volume on morbid Anatomy contains half so many genuine facts as this; it is alone sufficient to place its author in the highest rank of European medical observers."—*British and Foreign Medical Review*, January, 1843.

ENCHIRIDION MEDICUM, or the Practice of Medicine; the result of fifty years' experience, by C. W. Hufeland, counsellor of state, physician in ordinary of the late King of Prussia, professor in the University of Berlin. From the sixth German edition: translated by C. Bruchhausen, M. D. Revised by R. Nelson, M. D. Second American Edition. 1844. Bound, $2 50.

Opinions.—The following lines from Dr. Manly, formerly President of the Medical Society of the State of New York, contain his opinion in a few words of the merits of the book:

I am happy to have the opportunity of recommending to the Medical profession the *Manual of the Practice of Medicine*, by Hufeland. It is not often that books of this character, on perusal, make good the claims which their titles assume, but this is a well-marked exception: its description of diseases, though concise, are comprehensive; its reasonings just and philosophical, and its practice, as a consequence, intelligible and rational. The character of the author and his experience of more than half a century, together with the unexampled popularity of the work in its original language, render, in my opinion, all individual recommendation superfluous. I hope that it may soon be found in the hands of every medical man, whether pupil or practitioner.

JAMES R. MANLY, M. D.

New-York, September, 7, 1842.

Certificate of John F. Gray, M. D., formerly Resident Physician to the New-York Hospital, Lecturer on the Theory and Practice of Physic, Censor of the State and New-York Medical Societies, etc., etc.

I am very glad to find the press engaged in diffusing a knowledge of the German medical literature in this country. At the head of the German books of practice stands this book of the good Hufeland. Mr. Bruchhausen and Dr. Nelson have laboured with diligence and good faith in rendering the *Enchiridion;* and so far as I have had leisure to compare their work with the original, I find no error of magnitude. Another edition will, no doubt, be called for soon, and then the worthy American curators can dispense with the somewhat meagre characteristic given to it by their too close adherence to the letter of the author. I heartily wish success to the good enterprise.

JOHN F. GRAY, M. D.

New-York, September 8, 1842.

The reputation of the venerable eclectic of Germany scarcely requires endorsement even on this side of the Atlantic. An independent and original thinker, Hufeland labored for the cause of medical science, and has acquired a universal renown, amply attested to by his "Journal of Practical Medicine," "Art of Prolonging Life," "System of Practical Medicine," and numerous Essays, besides personal contributions of humane and necessary innovations in the treatment of "Inoculation," "Small Pox," and "Signs of Death." His last work, *Enchiridion Medicum*, concentrates the experience of his entire medical life, and fully maintains, in its careful and concise description and diagnosis of diseases, all the evidence of the discriminating intellect of the Patriarch of German medical literature.

A. GERALD HULL, M. D.

New-York, September 12, 1842.

I have looked over the *Enchiridion Medicum* of Professor Hufeland. It is an excellent compendium of German Practice, and will be found a valuable vade mecum to the student and practitioner. It can profitably be perused, and ought to be in the hands of all physicians. The justly distinguished reputation of the author will make it a work generally sought for.

VALENTINE MOTT, M. D.

New-York, September, 1842.

Date Due

Demco 293-5

RX71
847H
3